

<i>SERFF Tracking Number:</i>	<i>MANU-127852888</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>John Hancock Life Insurance Company (U.S.A.)</i>		<i>State Tracking Number:</i> 50359
<i>Company Tracking Number:</i>	<i>NB5000USR (11/2011)/NB5092USR (11/2011)/NB5037US (11/2011)</i>		
<i>TOI:</i>	<i>L09I Individual Life - Flexible Premium</i>	<i>Sub-TOI:</i>	<i>L09I.001 Single Life</i>
	<i>Adjustable Life</i>		
<i>Product Name:</i>	<i>NB5000USR (11/2011)/NB5092USR (11/2011)/NB5037US (11/2011)</i>		
<i>Project Name/Number:</i>	<i>NB5000USR (11/2011)/NB5092USR (11/2011)/NB5037US (11/2011)/NB5000USR (11/2011)/NB5092USR (11/2011)/NB5037US (11/2011)</i>		

Filing at a Glance

Company: John Hancock Life Insurance Company (U.S.A.)

Product Name: NB5000USR
(11/2011)/NB5092USR (11/2011)/NB5037US (11/2011)

TOI: L09I Individual Life - Flexible Premium
Adjustable Life

Sub-TOI: L09I.001 Single Life

SERFF Tr Num: MANU-127852888 State: Arkansas

SERFF Status: Closed-Approved-
Closed

Co Tr Num: NB5000USR
(11/2011)/NB5092USR (11/2011)/NB5037US (11/2011)

State Tr Num: 50359
State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Authors: Helene Landow, Karren
Phair, Debbie Tom, Jacqueline Lau,
Virginia Bove

Date Submitted: 11/29/2011

Disposition Date: 12/05/2011

Disposition Status: Approved-
Closed

Implementation Date Requested:

Implementation Date:

State Filing Description:

General Information

Project Name: NB5000USR (11/2011)/NB5092USR (11/2011)/NB5037US (11/2011)

Project Number: NB5000USR (11/2011)/NB5092USR (11/2011)/NB5037US (11/2011)

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Deemer Date:

Submitted By: Debbie Tom

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Individual Market Type:

Filing Status Changed: 12/05/2011

State Status Changed: 12/05/2011

Created By: Debbie Tom

Corresponding Filing Tracking Number:

SERFF Tracking Number: MANU-127852888 State: Arkansas

Filing Company: John Hancock Life Insurance Company (U.S.A.) State Tracking Number: 50359

Company Tracking Number: NB5000USR (11/2011)/NB5092USR (11/2011)/NB5037US (11/2011)

TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
Adjustable Life

Product Name: NB5000USR (11/2011)/NB5092USR (11/2011)/NB5037US (11/2011)

Project Name/Number: NB5000USR (11/2011)/NB5092USR (11/2011)/NB5037US (11/2011)/NB5000USR (11/2011)/NB5092USR (11/2011)/NB5037US (11/2011)

Filing Description:

INDIVIDUAL LIFE

Application forms:

NB5000USR (11/2011) - Application for Life Insurance

NB5092USR (11/2011) - Application for Term Life Insurance – Single Life

NB5037US (11/2011) - Term Conversion Application to a Permanent Policy

The above application forms are being submitted for your approval. These forms will be used with state approved Individual Life policies. No part of this filing contains any unusual or controversial items that deviate from normal Company or industry standards. These forms will be available electronically for completion and submission either in printed or electronic format, providing the option for wet or electronic signature, without change in the pre-formatted content.

Form NB5000USR (11/2011) - Application for Life Insurance - will replace NB5000USR (06/2010), Application for Life Insurance, which was approved by your state on August 4, 2010 under SERFF Tracking # MANU-126736915 state tracking # 46342.

We confirm that the revised form is identical to the form being replaced except for the changes described below:

- Page 1, Service Office – address changed to “27 Drydock Ave Boston MA 02210-2377”
- Page 1, Changed Questions 1i) & 2i) to “Citizenship ☐ U.S. ☐ Non - U.S. Country of Citizenship _____
Type of U.S. VISA _____”
- Page 2, Coverage Details – Flexible Premium Products – Universal Life – inserted “If applying for Indexed UL- complete Premium Allocation Instructions NB5176” – Q9 (e) revised to “Riders and Benefits Refer to instruction page for riders and benefits available per product - Q10 – Fixed premium Products – deleted “Whole Life” option, Q10(b) and revised Q10 (c) to state “Riders and Benefits (if applicable) ☐ Total Disability Waiver ☐ Conversion Extension Rider (T15 & T20 only) ☐ Accelerated Death Benefit (for terminal illness) “
- Page 3, Premiums and Funding Information – Changed Question 12. to “Frequency ☐ Annual ☐ Semi-Annual ☐ Quarterly ☐ Monthly (Pre-Authorized Payment Plan only) ☐ Direct ☐ Pre-Authorized Payment Plan - complete Request for Pre-Authorized Payment Plan NB5087”
- Page 3, Question 13 – question has been deleted.
- Page 5, Medical Certification – Questions 35. and 36. – questions has been deleted.
- Page 6, Pre-Authorized Payment Plan – Question 43. – question has been deleted.
- “Page 6, Declaration – revised heading to state “READ THE FOLLOWING CAREFULLY AND SIGN ON PAGE 7.” – inserted #6 “Flexible Premium Policies: I/We understand that I/We may need to pay additional premiums in addition to

SERFF Tracking Number: MANU-127852888 State: Arkansas

Filing Company: John Hancock Life Insurance Company (U.S.A.) State Tracking Number: 50359

Company Tracking Number: NB5000USR (11/2011)/NB5092USR (11/2011)/NB5037US (11/2011)

TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
Adjustable Life

Product Name: NB5000USR (11/2011)/NB5092USR (11/2011)/NB5037US (11/2011)

Project Name/Number: NB5000USR (11/2011)/NB5092USR (11/2011)/NB5037US (11/2011)/NB5000USR (11/2011)/NB5092USR (11/2011)/NB5037US (11/2011)

the Planned Premium if the current policy charges or actual interest rate credited/investment performance are different from the assumptions used in your illustration (assuming the requirements of any applicable guaranteed death benefit feature have not been satisfied)."

- Questions and references to questions have been renumbered according to deletions made.

Form NB5092USR (11/2011) - Application for Term Life Insurance – Single Life – will replace NB5092USR (10/2010) Application for Term Life Insurance -Single Life, which was approved by your state on November 30, 2010 under SERFF Tracking # MANU-126899184 state tracking # 47377.

We confirm that the revised form is identical to the form being replaced except for the changes described below:

- Page 1, Service Office – address changed to "27 Drydock Ave Boston MA 02210-2377"
- Page 1, Changed Questions 1i) to "Citizenship ☐ U.S. ☐ Non - U.S. Country of Citizenship _____
Type of U.S. VISA _____"

- Page 2, Premiums and Funding Information - Question 8. – revised "Pre-Authorized Monthly Payment Plan (complete Q 33)" to now state "Monthly (Pre-Authorized Payment Plan only) ☐ Direct ☐ Pre-Authorized Payment Plan - complete Request for Pre-Authorized Payment Plan NB5087". Deleted "Other" option.
- Page 3, Medical Certification – Questions 26. and 27. – complete section has been deleted.
- Page 4, Pre-Authorized Payment Plan – Question 33. – complete section has been deleted.
- Questions and references to questions have been renumbered according to changes made.

Form NB5037US (11/2011) - Term Conversion Application to a Permanent Policy – will replace NB5037US (04/2010), Term Conversion Application to a Permanent Policy, which was approved by your state on May 21, 2010 under SERFF Tracking # MANU-126625901, state tracking # 45724.

We confirm that the revised form is identical to the form being replaced except for the changes described below:

- Page 1, Service Office – address changed to "27 Drydock Ave Boston MA 02210-2377"
- Page 2, Coverage Details – Flexible Premium Products – Universal Life – inserted "If applying for Indexed UL- complete Premium Allocation Instructions NB5176"- Q9(d) inserted "Note: For single life the PPR loan type is fixed except for PPR Cash Value Advantage. For survivorship the PPR loan type is variable.
- Page 2, Fixed Premium Products – deleted "Whole Life" and deleted Q10(b) and Q10(c) deleted "Automatic Premium Loan (if applicable)"

SERFF Tracking Number: MANU-127852888 State: Arkansas

Filing Company: John Hancock Life Insurance Company (U.S.A.) State Tracking Number: 50359

Company Tracking Number: NB5000USR (11/2011)/NB5092USR (11/2011)/NB5037US (11/2011)

TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
Adjustable Life

Product Name: NB5000USR (11/2011)/NB5092USR (11/2011)/NB5037US (11/2011)

Project Name/Number: NB5000USR (11/2011)/NB5092USR (11/2011)/NB5037US (11/2011)/NB5000USR (11/2011)/NB5092USR (11/2011)/NB5037US (11/2011)

- Page 2, Premiums and Funding Information - Question 11. – revised “Pre-Authorized Monthly Payment Plan (complete Q 18)___ List Billed” to now state “Monthly (Pre-Authorized Payment Plan only) _ Direct ___ Pre-Authorized Payment Plan - complete Request for Pre-Authorized Payment Plan NB5087”
- Page 2, Question 12 – question has been deleted.
- Page 3, Pre-Authorized Payment Plan – Question 18. – complete section has been deleted. Renumbered “Special Request” to Question 17 and expanded blank space.
- Page 3, Signatures – inserted statement #3 stating “If converting to a flexible premium policy: The Owner understands that additional premiums may be required in addition to the Planned Premium if the current policy charges or actual interest credited/investment performance are different from the assumptions used in the illustration (assuming the requirements of any applicable guaranteed death benefit feature have not been satisfied.)”
- Questions and references to questions have been renumbered according to changes made.

The Service Office address, the Products selections under the Coverage Details section on forms NB5000USR (11/2011), NB5092USR (11/2011) and NB5037US (11/2011) are being filed as variable information [shown in brackets] to accommodate future changes. Any new riders will be filed for state approval as required.

In addition, the Fraud Warnings not applicable to your state on form NB5037US (11/2011) are being filed as variable information [shown in brackets] to accommodate future changes.

We trust these forms are acceptable to you and look forward to your state's approval in the usual manner. If you have any questions or concerns, please contact me at 416-852-2035(collect) or via e-mail at debbie_tom@jhancock.com

Company and Contact

Filing Contact Information

Debbie Tom, Contract Analyst	Debbie_Tom@jhancock.com
200 Bloor St E	416-852-2035 [Phone]
Toronto, ON M4W 1E5	416-926-3121 [FAX]

Filing Company Information

John Hancock Life Insurance Company (U.S.A.)	CoCode: 65838	State of Domicile: Michigan
P. O. Box 600	Group Code: 904	Company Type: insurance/financial
Contracts and Compliance	Group Name:	State ID Number:
Buffalo, NY 14201-0600	FEIN Number: 01-0233346	

SERFF Tracking Number: MANU-127852888 State: Arkansas
Filing Company: John Hancock Life Insurance Company (U.S.A.) State Tracking Number: 50359
Company Tracking Number: NB5000USR (11/2011)/NB5092USR (11/2011)/NB5037US (11/2011)
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
Adjustable Life
Product Name: NB5000USR (11/2011)/NB5092USR (11/2011)/NB5037US (11/2011)
Project Name/Number: NB5000USR (11/2011)/NB5092USR (11/2011)/NB5037US (11/2011)/NB5000USR (11/2011)/NB5092USR (11/2011)/NB5037US (11/2011)

(416) 926-3000 ext. [Phone]

Filing Fees

Fee Required? Yes
Fee Amount: \$150.00
Retaliatory? No
Fee Explanation: 50.00 per form
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
John Hancock Life Insurance Company (U.S.A.)	\$150.00	11/29/2011	54120163

SERFF Tracking Number: MANU-127852888 State: Arkansas
 Filing Company: John Hancock Life Insurance Company (U.S.A.) State Tracking Number: 50359
 Company Tracking Number: NB5000USR (11/2011)/NB5092USR (11/2011)/NB5037US (11/2011)
 TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
 Adjustable Life
 Product Name: NB5000USR (11/2011)/NB5092USR (11/2011)/NB5037US (11/2011)
 Project Name/Number: NB5000USR (11/2011)/NB5092USR (11/2011)/NB5037US (11/2011)/NB5000USR (11/2011)/NB5092USR (11/2011)/NB5037US (11/2011)

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	12/05/2011	12/05/2011

SERFF Tracking Number: MANU-127852888 State: Arkansas

Filing Company: John Hancock Life Insurance Company (U.S.A.) State Tracking Number: 50359

Company Tracking Number: NB5000USR (11/2011)/NB5092USR (11/2011)/NB5037US (11/2011)

TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
Adjustable Life

Product Name: NB5000USR (11/2011)/NB5092USR (11/2011)/NB5037US (11/2011)

Project Name/Number: NB5000USR (11/2011)/NB5092USR (11/2011)/NB5037US (11/2011)/NB5000USR (11/2011)/NB5092USR (11/2011)/NB5037US (11/2011)

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		No
Supporting Document	Statement of Variability		Yes
Supporting Document	Form NB5000USR (11/2011) – (marked with changes)		Yes
Supporting Document	Form NB5092USR (11/2011) – (marked with changes)		Yes
Supporting Document	Form NB5037US (11/2011) – (marked with changes)		Yes
Form	Application for Life Insurance		Yes
Form	Application for Term Life Insurance – Single Life		Yes
Form	Term Conversion Application to a Permanent Policy		Yes

SERFF Tracking Number: MANU-127852888 State: Arkansas

Filing Company: John Hancock Life Insurance Company (U.S.A.) State Tracking Number: 50359

Company Tracking Number: NB5000USR (11/2011)/NB5092USR (11/2011)/NB5037US (11/2011)

TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life Adjustable Life

Product Name: NB5000USR (11/2011)/NB5092USR (11/2011)/NB5037US (11/2011)

Project Name/Number: NB5000USR (11/2011)/NB5092USR (11/2011)/NB5037US (11/2011)/NB5000USR (11/2011)/NB5092USR (11/2011)/NB5037US (11/2011)

Form Schedule

Lead Form Number:

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	NB5000US R (11/2011)	Application/ Enrollment Form	Application for Life Insurance	Revised	Replaced Form #: NB5000USR (06/2010) Previous Filing #: MANU-126736915	40.000	NB5000USR.pdf
	NB5092US R (11/2011)	Application/ Enrollment Form	Application for Term Life Insurance – Single Life	Revised	Replaced Form #: NB5092USR (10/2010) Previous Filing #: MANU-126899184	40.000	NB5092USR.pdf
	NB5037US (11/2011)	Application/ Enrollment Form	Term Conversion Application to a Permanent Policy	Revised	Replaced Form #: NB5037US (04/2010) Previous Filing #: MANU-126625901		NB5037US.pdf



LIFE INSURANCE

Service Office:
Life New Business
27 Drydock Ave
Boston MA 02210-2377

Application for Life Insurance
John Hancock Life Insurance Company (U.S.A.)
(hereinafter referred to as The Company)

Print and use black ink. Any changes must be initialed by the Proposed Life Insured(s) and Owner.
Use the Additional Information/Special Requests section for additional space or special requests if required.

PROPOSED LIFE INSURED LIFE ONE

1. a) Name First Middle Last			b) Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F	
JOHN M. DOE				
c) Date of Birth Month Day Year		d) Place of Birth State Country		e) Social Security Number
O C T 0 4 1 9 6 7		ANYTOWN USA		1 2 3 4 5 6 7 8 9
f) Telephone Nos. Personal Business		g) E-mail Address		
905 123-4567 905 234-5678		johndoe@hotmail.com		
h) Driver's License No. State		i) Citizenship Country of Citizenship <input checked="" type="checkbox"/> US <input type="checkbox"/> Non US Type of US VISA		
1234567890 AS				
j) Primary Residence Street Address City State Zip Code				k) Total years at this address
1999 MARCH STREET ANYTOWN, ANYSTATE 12345				5
l) Do you have a secondary residence? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - provide address including zip code and months per year at this address in Additional Information Q 34.		m) Occupation COMPANY PRESIDENT <input type="checkbox"/> Retired <input type="checkbox"/> Homemaker <input type="checkbox"/> Student <input type="checkbox"/> Unemployed		
n) Employer ABC COMPANY				
o) Gross Annual Income Earned Unearned		p) Net Worth <input checked="" type="checkbox"/> Personal <input type="checkbox"/> Joint with spouse		
\$ 300,000 \$ 100,000		\$ 2.6 M		
Financial Supplement for Personal Insurance NB5125 may be required.				
q) Purpose of Insurance <input checked="" type="checkbox"/> Estate Conservation <input type="checkbox"/> Business Insurance - complete Business Insurance section Q 35 <input type="checkbox"/> Wealth Transfer <input type="checkbox"/> Income Replacement <input type="checkbox"/> Other - give details:				
r) In the last 5 years, has the Proposed Life Insured or any business of which he/she is a partner/owner/executive been bankrupt, had any liens, judgements or other similar financial difficulties? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - give details:				

PROPOSED LIFE INSURED LIFE TWO

2. a) Name First Middle Last			b) Sex <input type="checkbox"/> M <input type="checkbox"/> F	
c) Date of Birth Month Day Year			d) Place of Birth State Country	
f) Telephone Nos. Personal Business		g) E-mail Address		
h) Driver's License No. State		i) Citizenship Country of Citizenship <input type="checkbox"/> US <input type="checkbox"/> Non US Type of US VISA		
j) Primary Residence (if different from Life One) Street Address City State Zip Code				k) Total years at this address
l) Occupation <input type="checkbox"/> Retired <input type="checkbox"/> Homemaker <input type="checkbox"/> Student <input type="checkbox"/> Unemployed		m) Employer		
n) Gross Annual Income Earned Unearned		o) Net Worth (if different from Life One) <input type="checkbox"/> Personal <input type="checkbox"/> Joint with spouse		
\$ \$		\$		
p) In the last 5 years, has the Proposed Life Insured or any business of which he/she is a partner/owner/executive been bankrupt, had any liens, judgements or other similar financial difficulties? <input type="checkbox"/> No <input type="checkbox"/> Yes - give details:				

3. Who is the Owner? ☒ Proposed Life Insured One ☐ Proposed Life Insured Two ☐ Business Partner
☐ Trust ☐ Trust to be Established ☐ Employer
☐ Other - give relationship to Proposed Life Insured(s)

Provide details below, if other than Proposed Life Insured(s). If Trust Owner, complete the Trust Certification PS5101. Trust Agreement may be required.

5. a) Name _____ <hr/> c) Address Street Address _____ City _____ State _____ Zip Code _____ <hr/> d) Social Security/Tax ID Number (if applicable) _____	b) Date of Birth/Trust Date Month Day Year _____ <hr/> e) E-mail Address _____ <hr/>
6. Multiple Owners - Type of Ownership <input type="checkbox"/> Joint with right of Survivorship <input type="checkbox"/> Tenants in common	

7. a) Name	<input checked="" type="checkbox"/> Primary	Relationship to Proposed Life Insured(s)	Percentage
JAMES M. DOE		SON	100 %
b) Name	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary	Relationship to Proposed Life Insured(s)	Percentage %

8. PRODUCT NAME	JH UNIVERSAL LIFE
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9. FLEXIBLE PREMIUM PRODUCTS

☒ **Universal Life** - If applying for Indexed UL - complete Premium Allocation Instructions **NB5176**

☐ **Variable Universal Life** - complete **Fund Allocation NB5136**

a) ☒ Single Life ☐ Survivorship

b) Base Face Amount \$ 250,000 Supplemental Face Amount \$ _____

☐ Level ☐ Increasing by: _____ % for _____ Years

☐ Customized Increasing Schedule - complete **Customized Schedule NB5064**

c) Death Benefit Option ☒ Option 1 (Face Amount/TFA) ☐ Option 2 (Face Amount/TFA plus Policy Value)

d) Life Insurance Qualification Test ☒ Guideline Premium ☐ Cash Value Accumulation

e) **Riders and Benefits** - Refer to instruction page for riders and benefits available per product.

☒ Policy Protection Rider (PPR) ☐ PPR Flex ☐ PPR Quick ☐ PPR Enhanced ☐ PPR Cash Value Advantage

Note: For single life the PPR loan type is fixed except for PPR Cash Value Advantage. For survivorship the PPR loan type is variable.

<input type="checkbox"/> Extended No Lapse Guarantee	<input type="checkbox"/> Long-Term Care Rider (complete NB5018)
<input type="checkbox"/> Return of Premium Rider (DB 1 only)	<input type="checkbox"/> Long-Term Care Continuation Rider
Percentage of premiums to be returned at death	<input type="checkbox"/> Disability Waiver of Monthly Deductions
(Whole numbers only. Maximum 100%) _____ %	<input type="checkbox"/> Disability Payment of Specified Premium
<input type="checkbox"/> Overloan Protection Rider	Monthly Specified Amount \$ _____
<input type="checkbox"/> Cash Value Enhancement	<input type="checkbox"/> Estate Preservation Rider (Four Year Term)
<input type="checkbox"/> Accelerated Death Benefit (for terminal illness)	<input type="checkbox"/> Policy Split Option
	<input type="checkbox"/> Other

☐ Term 10 ☐ Term 15 ☐ Term 20 ☐ Survivorship Term

a) Face Amount \$ _____

b) Riders and Benefits (if applicable)

<input type="checkbox"/> Total Disability Waiver	<input type="checkbox"/> Conversion Extension Rider (T15 & T20 only)
<input type="checkbox"/> Accelerated Death Benefit (for terminal illness)	<input type="checkbox"/> Other

11. If an additional or optional policy is being applied for by the Owner in a separate application, state plan and face amount.	
Plan Name	\$

PREMIUMS AND FUNDING INFORMATION

12. Frequency	<input checked="" type="checkbox"/> Annual	<input type="checkbox"/> Semi-Annual	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Monthly (Pre-Authorized Payment Plan only)
	<input type="checkbox"/> Direct	<input type="checkbox"/> Pre-Authorized Payment Plan - complete Request for Pre-Authorized Payment Plan NB5087		

13. Send Premium Notices and Correspondence to: (Select One)

<input type="checkbox"/> Owner	<input checked="" type="checkbox"/> Proposed Life Insured One	<input type="checkbox"/> Proposed Life Insured Two		
<input type="checkbox"/> Other	First	Middle	Last	Relationship to Proposed Life Insured(s)
Street Address		City	State	Zip Code

14. Premium Source

☒ Earned Income ☐ Unearned Income ☐ Loan (complete question 15)

☐ Liquidating Assets - give details: _____

☐ An individual and/or entity other than the Proposed Life Insured's employer - give details: _____

☐ Settled Contracts - give details: _____

☐ Other - give details: _____

Complete question 15, if premium source is a loan.

15. a) Who is the lender? _____

b) What amount and type of collateral is required to secure the loan?

Amount	Type of Collateral
\$ _____	_____

c) In addition to repayment of principal and interest, are there other fees, charges or other consideration to be paid?

☐ No ☐ Yes - give details: _____

16. Is there, or are you considering entering into, an understanding or agreement providing for any person or entity, other than the Owner and beneficiaries specified in this application, to have any right, title or other legal or beneficial interest in any policy issued on the life of the Proposed Life Insured(s) as a result of this application?

☒ No ☐ Yes - give details: _____

17. Have you been offered any money or other considerations by any person or entity in connection with this application?

☒ No ☐ Yes - give details: _____

EXISTING AND PENDING INFORMATION

If more space is required attach additional page that has been signed by the Owner and Proposed Life Insured(s).

18. Does the Owner have any existing life insurance and/or annuity policies?

☒ No ☐ Yes - complete state appropriate replacement forms.

19. Provide information for each policy in force on the Proposed Life Insured(s) with all companies, including any policy that has been sold, assigned or settled to or with a settlement or viatical company or any other person or entity.

If 'None', check this box. ☒

Proposed Life Insured	Company	Insurance		Issue Date	To Remain in Force?		1035 Exchange?		Settled or Sold		Face Amount Including Riders
		Personal	Business		Yes	No	Yes	No	Yes	Year	
<input type="checkbox"/> One <input type="checkbox"/> Two		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$
<input type="checkbox"/> One <input type="checkbox"/> Two		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$
<input type="checkbox"/> One <input type="checkbox"/> Two		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$
<input type="checkbox"/> One <input type="checkbox"/> Two		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$

EXISTING AND PENDING INFORMATION continued

20. a) If you are applying for life insurance with any other company, provide the amount of all formal applications and name of the life insurance company. **Do not include informal inquiries.**

Proposed Life Insured	Company	Face Amount Including Riders	Proposed Life Insured	Company	Face Amount Including Riders
<input type="checkbox"/> One <input type="checkbox"/> Two		\$	<input type="checkbox"/> One <input type="checkbox"/> Two		\$
<input type="checkbox"/> One <input type="checkbox"/> Two		\$	<input type="checkbox"/> One <input type="checkbox"/> Two		\$

b) Total formal coverage pending (including this application) you plan to accept.

Life One \$ **250,000** Life Two \$

21. If applying for single life coverage, is there any inforce and applied for coverage on your spouse?

☐ Yes - Total Coverage Amount \$ ☒ No ☐ No spouse

22. Have you ever had an application for life insurance declined, postponed, rated substandard or offered with a reduced face amount?

Life One ☒ No ☐ Yes - give details:

Life Two ☐ No ☐ Yes - give details:

GENERAL RISK AND LIFESTYLE QUESTIONS - Provide details in Q 31 for 'Yes' answers.

	Life One	Life Two
23. Do you engage in any regular exercise? (ie walking, treadmill, swimming, aerobics, strength training, cycling, yoga) If 'Yes' , give details of type, frequency and length of time in Q 31.	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
24. Have you ever used tobacco or nicotine products in any form (including cigarettes, cigars, cigarillos, a pipe, chewing tobacco, nicotine patches or gum)? If 'Yes' , give details of type of nicotine product, amount and frequency and date last used in Q 31.	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
25. Do you expect to travel outside of the U.S. or Canada, or change your country of residence in the next 2 years? If 'Yes' give details of location (city/country), purpose, frequency and duration in Q 31.	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
26. a) Have you flown as a student pilot, licensed pilot, or crew member in any aircraft, including ultralight planes in the last 2 years? If 'Yes' , complete Aviation Questionnaire NB5009 .	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
b) Have you engaged in any form of motor vehicle or power boat racing, sky diving/parachuting, skin or scuba diving, hang-gliding, mountain climbing, or any other hazardous activities in the last 2 years? If 'Yes' , complete appropriate Avocation Questionnaire .	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
27. a) Have you been cited for one or more moving violations within the last 2 years?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
b) Have you been cited for driving while intoxicated or while otherwise impaired?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
28. Have you ever been arrested, convicted, or imprisoned for a felony and/or currently awaiting trial for any crime and/or felony? If 'Yes' give details of type, date, city/state of felony and/or crime and if currently on probation or parole in Q 31.	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
29. Have any of your immediate family members (parents, brothers or sisters) died from coronary artery disease or cancer, prior to age 60?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
30. Are you a member of the armed forces, including the reserves? If 'Yes' , complete Military Personnel Financial Services Disclosure Regarding Insurance Products NB5109 .	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes

31. Details for **'Yes'** answers for questions 23 - 30.

Question No.	Life One	Question No.	Life Two

INFORMATION REGARDING LAST MEDICAL CONSULTATION**LIFE ONE****LIFE TWO**

32. a) Date of last visit to ANY doctor/physician	Month JAN	Day 15	Year 2009	33. a) Date of last visit to ANY doctor/physician	Month	Day	Year
b) Reason for and outcome of visit (Diagnosis / Treatment / Medication Prescribed) ANNUAL CHECK-UP - NONE				b) Reason for and outcome of visit (Diagnosis / Treatment / Medication Prescribed)			
c) Physician Name, Address and Telephone Number ARTHER H. SMITH 123 MAIN STREET ANY TOWN, ANYSTATE 12347				c) Physician Name, Address and Telephone Number			
d) Provide Primary Physician name and contact information, if different from 32 c).				d) Provide Primary Physician name and contact information, if different from 33 c).			

ADDITIONAL INFORMATION/SPECIAL REQUESTS - Attach additional signed page if more space is required.

34.

COMPLETE THE FOLLOWING SECTIONS ONLY IF APPLICABLE TO YOUR APPLICATION**BUSINESS INSURANCE - Complete if face amount is under \$1,000,000. For face amounts \$1,000,000 and over complete the Financial Supplement for Business Insurance NB5124.**

35. a) Business Insurance Purpose <input type="checkbox"/> Key Person <input type="checkbox"/> Buy Sell <input type="checkbox"/> Business Loan <input type="checkbox"/> Other _____					
	Assets	Liabilities	Gross Sales	Net Income	Fair Market Value of the Business
Current Year	\$	\$	\$	\$	\$
Previous Year	\$	\$	\$	\$	\$
b) How was the amount applied for determined?					
c) What percentage of the business is owned by the Proposed Life Insured(s)? %					
d) Are other partners/owners/executives insured or applying for life insurance with any company? <input type="checkbox"/> No <input type="checkbox"/> Yes - give details:					

JUVENILE INSURANCE - Complete if Proposed Life Insured is under age 18.

36. a) Are all siblings equally insured? <input type="checkbox"/> No <input type="checkbox"/> Yes If 'No', give details:	b) Amount of life insurance currently in force or pending for	
		If none, provide reason
	Mother \$	
	Father \$	
	Guardian \$	

Complete this section only if applying for Temporary Life Insurance and the criteria is met.

Money may NOT be collected and the **Temporary Life Insurance Receipt and Agreement NB5004** may NOT be issued if:

1. questions 37 to 39 are answered 'Yes' or left blank; or
2. the Proposed Life Insured(s) is under age 20 or over age 70; or
3. the amount applied for is more than \$10,000,000 (single life) or \$15,000,000 (survivorship).

	Life One	Life Two
37. Within the last 24 months, has the Proposed Life Insured(s) under this application:		
a) consulted a medical professional for, been diagnosed with or been treated for or had treatment recommended by a member of the medical profession, for any heart problem, stroke or cancer?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
b) received a recommendation from a medical professional for any consultation, testing, investigation or surgery that has not yet been completed?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
c) been declined for life insurance?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
38. Other than planned routine check-ups, are there medical concerns or symptoms for which a medical professional has not yet been consulted?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
39. Does the Proposed Life Insured(s) reside outside the United States more than 6 months per year?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes

READ THE FOLLOWING CAREFULLY**DECLARATIONS**

The Proposed Life Insured(s) and Owner (or Parent or Guardian) declare that the statements and answers in this application and any form that is made part of this application are complete and true.

In addition, I understand and agree that:

1. **Policy Application:** The statements and answers in this application, which include any supplemental form relating to health, aviation practices or lifestyle of the Proposed Life Insured(s) will become part of the insurance policy issued as a result of this application.
2. **Policy Effective Date:**
 - a) Any life insurance policy issued as a result of this application will be effective on the later of the date the first premium has been paid in full and the date the policy has been delivered to the Owner, provided that: (i) there has been no change in health or change in the lifestyle of the Proposed Life Insured(s), (ii) there has been no change in the financial circumstances of the Owner or the Proposed Life Insured(s), and (iii) nothing else has occurred that would require a change in any statement or answer in any part of the application, including any supplemental forms, in order to make the statement or answer true and complete as of the date this policy becomes effective. If there has been a change in health: (i) if there is no Temporary Life Insurance Agreement (TIA) coverage, the policy will not be put into effect, and (ii) if there is TIA coverage and the TIA has not ended, the policy will be put into effect but only to the limit of the TIA coverage amount.
 - b) If premiums are paid prior to delivery of the policy and the terms and conditions of the TIA are satisfied, insurance prior to the effective date shall be provided under the TIA and according to its terms.
3. **Employer Owned Policies:** The Proposed Life Insured(s) confirms that they have received, prior to issue, written notice that indicates: a) the employer's intent to insure the Proposed Life Insured(s), (b) the maximum amount of the insurance to be issued on the life of the Proposed Life Insured(s) and c) that the employer will be the beneficiary of the new policy. The Proposed Life Insured(s) also confirms that they have provided written consent to being insured and that such coverage may continue after employment terminates.
4. **Fraud Warning:** Any person who knowingly and with intent to defraud any insurer: a) files an application for insurance or statement of claim containing any materially false information, or b) conceals for the purpose of misleading any insurer, information concerning any material fact thereto, may be committing a fraudulent insurance act.
5. **Variable Policies:** I/We acknowledge receipt of the current prospectuses and supplements that describe the variable life insurance policy applied for and the sub-accounts of the separate account that are available under this policy. I/We have reviewed the prospectuses and supplements and believe that the variable life policy is consistent with my/our insurance needs, investment objectives and investment risk tolerance.
6. **Flexible Premium Policies:** I/We understand that I/We may need to pay additional premiums in addition to the Planned Premium if the current policy charges or actual interest rate credited/investment performance are different from the assumptions used in the illustration (assuming the requirements of any applicable guaranteed death benefit feature have not been satisfied).
7. **Temporary Insurance Coverage:** If coverage under a TIA is applied for, I have received, read and understand the terms and conditions of the **Temporary Life Insurance Receipt and Agreement NB5004**.

READ THE FOLLOWING CAREFULLY AND SIGN BELOW.

AUTHORIZATION TO OBTAIN INFORMATION

I/We, the Proposed Life Insured(s), authorize:

1. The Company to obtain consumer reports including but not limited to motor vehicle records and investigative consumer reports on me/us.
2. Any medical professional, medical care provider, hospital, clinic, laboratory, pharmacy or pharmacy benefit manager, insurance company, the MIB, Inc. or any other similar person or organization to give The Company and its reinsurers information about me/us or any minor child/children who are to be insured. The information collected by The Company may relate to the symptoms, examination, diagnosis, treatment or prognosis of any physical or mental condition.
3. Any financial professional, CPA, attorney, personal banker or any other similar person or organization to give The Company and its reinsurers financial/net worth information about me/us.

I/We authorize The Company to disclose such information and any information developed during its evaluation of my/our application to: (a) its reinsurers; (b) the MIB, Inc.; (c) other insurance companies as designated by me/us; (d) me/us; (e) my/our insurance agent, when that agent is seeking insurance coverage through The Company on my/our behalf; (f) any medical professional designated by me/us; or (g) any person or entity entitled to receive such information by law or as I/we may further consent.

I/We acknowledge receipt of the Notice of Disclosure of Information relating to the underwriting process, investigative consumer reports and the MIB, Inc. This authorization will be valid for two years from the date shown below. A photocopy of this authorization will be as valid as the original.

Information collected under this authorization will be used by The Company to evaluate my/our application for insurance, to evaluate a claim for benefits, or for reinsurance or other insurance purposes.

I am/We are entitled, or my/our authorized representative is entitled, to a copy of this authorization.

SIGNATURES - If Proposed Life Insured(s) is under age 15, Parent or Guardian must sign and include relationship.

X

Signature of Owner (Provide title or corporate seal, if Signing Officer)

Owner - Signed at

City

State

This

Day of

Year

X

Signature of Proposed Life Insured One if other than Owner (Parent or Guardian if under age 15)

X

Signature of Proposed Life Insured Two if other than Owner

AGENT SIGNATURE

I certify that all the information supplied by the Proposed Life Insured(s) and Owner has truly and accurately been recorded on the application.

X

Signature of Agent/Registered Representative

Date



LIFE INSURANCE

Service Office:
Life New Business
27 Drydock Ave
Boston MA 02210-2377

Application for Term Life Insurance - Single Life
John Hancock Life Insurance Company (U.S.A.)
(hereinafter referred to as The Company)

Print and use black ink. Any changes must be initialed by the Proposed Life Insured and Owner.
Use the Additional Information/Special Requests section for additional space or special requests if required.

PROPOSED LIFE INSURED

1. a) Name			b) Sex	
First Middle Last JOHN M. DOE			<input checked="" type="checkbox"/> M <input type="checkbox"/> F	
c) Date of Birth		d) Place of Birth		e) Social Security Number
Month Day Year 0 4 1 9 6 7		State Country ANYTOWN USA		1 2 3 4 5 6 7 8 9
f) Telephone		g) E-mail		
Personal Nos. 905 123-4567		Business Nos. 905 234-5678		Address johndoe@hotmail.com
h) Driver's License No.		i) Citizenship		
1234567890		<input checked="" type="checkbox"/> US <input type="checkbox"/> Non US		Country of Citizenship Type of US VISA
j) Primary Residence		k) Total years at this address		
Street Address City State Zip Code 1999 MARCH STREET ANYTOWN, ANYSTATE 12345		5		
l) Do you have a secondary residence?		m) Occupation		
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - provide address including zip code and months per year at this address in Additional Information Q 26.		COMPANY PRESIDENT		<input type="checkbox"/> Retired <input type="checkbox"/> Homemaker <input type="checkbox"/> Student <input type="checkbox"/> Unemployed
n) Employer ABC COMPANY				
o) Gross Annual Income		p) Net Worth		
Earned Unearned \$ 300,000 \$ 100,000		\$ 2.6 M		<input checked="" type="checkbox"/> Personal <input type="checkbox"/> Joint with spouse
Financial Supplement for Personal Insurance NB5125 may be required.				
q) Purpose of Insurance <input checked="" type="checkbox"/> Estate Conservation <input type="checkbox"/> Business Insurance - complete Business Insurance section Q 27 <input type="checkbox"/> Wealth Transfer <input type="checkbox"/> Income Replacement <input type="checkbox"/> Other - give details:				
r) In the last 5 years, has the Proposed Life Insured or any business of which he/she is a partner/owner/executive been bankrupt, had any liens, judgements or other similar financial difficulties? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - give details:				

OWNER - List additional Owners and details in Additional Information Q 26

2. Who is the Owner?	
<input checked="" type="checkbox"/> Proposed Life Insured <input type="checkbox"/> Business Partner <input type="checkbox"/> Trust <input type="checkbox"/> Trust to be Established <input type="checkbox"/> Employer <input type="checkbox"/> Other - give relationship to Proposed Life Insured	
Provide details below, if other than Proposed Life Insured. If Trust Owner, complete the Trust Certification PS5101. Trust Agreement may be required.	
3. a) Name	
b) Date of Birth/Trust Date	
Month Day Year	
c) Address	
Street Address City State Zip Code	
d) Social Security/Tax ID Number (if applicable)	
e) E-mail Address	
4. Multiple Owners - Type of Ownership <input type="checkbox"/> Joint with right of Survivorship <input type="checkbox"/> Tenants in common	

BENEFICIARY INFORMATION - Subject to change by Owner. (List additional beneficiaries in Additional Information Q 26)

5. a) Name		<input checked="" type="checkbox"/> Primary	Relationship to Proposed Life Insured	Percentage
JAMES M. DOE			SON	100%
b) Name		<input type="checkbox"/> Primary	Relationship to Proposed Life Insured	Percentage
		<input type="checkbox"/> Secondary		%

COVERAGE DETAILS

6. ☒ **Term 10** ☐ **Term 15** ☐ **Term 20** ☐ **Other**

a) Face Amount \$ **250,000**

b) Riders and Benefits (if applicable)

☐ Total Disability Waiver

☐ Conversion Extension Rider (T15 & T20 only)

☐ Accelerated Death Benefit (for terminal illness)

☐ Other

7. If an additional or optional policy is being applied for by the Owner in a separate application, state plan and face amount.

Plan Name

\$

PREMIUMS AND FUNDING INFORMATION

8. Frequency ☒ Annual ☐ Semi-Annual ☐ Quarterly ☐ Monthly (Pre-Authorized Payment Plan only)

☐ Direct

☐ Pre-Authorized Payment Plan - complete Request for Pre-Authorized Payment Plan **NB5087**

9. Send Premium Notices and Correspondence to: (Select One)

☐ Owner ☒ Proposed Life Insured

☐ Other

First

Middle

Last

Relationship to Proposed Life Insured

Street Address

City

State

Zip Code

10. Premium Source

☒ Earned Income ☐ Unearned Income ☐ Loan (complete question 11)

☐ Liquidating Assets - give details:

☐ An individual and/or entity other than the Proposed Life Insured's employer - give details:

☐ Settled Contracts - give details:

☐ Other - give details:

Complete question 11, if premium source is a loan.

11. a) Who is the lender?

b) What amount and type of collateral is required to secure the loan?

Amount

Type of Collateral

\$

c) In addition to repayment of principal and interest, are there other fees, charges or other consideration to be paid?

☐ No ☐ Yes - give details:

EXISTING AND PENDING INFORMATION

If more space is required attach additional page that has been signed by the Owner and Proposed Life Insured.

12. Does the Owner have any existing life insurance and/or annuity policies?

☒ No ☐ Yes - complete state appropriate replacement forms.

13. Provide information for each policy in force on the Proposed Life Insured with all companies, including any policy that has been sold, assigned or settled to or with a settlement or viatical company or any other person or entity. If **'None'**, check this box. ☒

Company	Insurance		Issue Date	To Remain in Force?		1035 Exchange?		Settled or Sold		Face Amount Including Riders
	Personal	Business		Yes	No	Yes	No	Yes	Year	
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$

14. a) If you are applying for life insurance with any other company, provide the amount of all formal applications and name of the life insurance company. **Do not include informal inquiries.**

Company	Face Amount Including Riders	Company	Face Amount Including Riders
	\$		\$

b) Total formal coverage pending (including this application) you plan to accept. \$ **250,000**

15. Is there any inforce and applied for coverage on your spouse?

☐ Yes - Total Coverage Amount \$

☒ No

☐ No spouse

16. Have you ever had an application for life insurance declined, postponed, rated substandard or offered with a reduced face amount?

☐ No ☐ Yes - give details:

GENERAL RISK AND LIFESTYLE QUESTIONS - Provide details in Q 24 for 'Yes' answers.

17. Have you ever used tobacco or nicotine products in any form (including cigarettes, cigars, cigarillos, a pipe, chewing tobacco, nicotine patches or gum)? If 'Yes', give details of type of nicotine product, amount and frequency and date last used in Q 24.	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
18. Do you expect to travel outside of the U.S. or Canada, or change your country of residence in the next 2 years? If 'Yes' give details of location (city/country), purpose, frequency and duration in Q 24.	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
19. a) Have you flown as a student pilot, licensed pilot, or crew member in any aircraft, including ultralight planes in the last 2 years? If 'Yes', complete Aviation Questionnaire NB5009 . b) Have you engaged in any form of motor vehicle or power boat racing, sky diving/parachuting, skin or scuba diving, hang-gliding, mountain climbing, or any other hazardous activities in the last 2 years? If 'Yes', complete appropriate Avocation Questionnaire .	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
20. a) Have you been cited for one or more moving violations within the last 2 years? b) Have you been cited for driving while intoxicated or while otherwise impaired?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
21. Have you ever been arrested, convicted, or imprisoned for a felony and/or currently awaiting trial for any crime and/or felony? If 'Yes' give details of type, date, city/state of felony and/or crime and if currently on probation or parole in Q 24.	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
22. Have any of your immediate family members (parents, brothers or sisters) died from coronary artery disease or cancer, prior to age 60?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
23. Are you a member of the armed forces, including the reserves? If 'Yes', complete Military Personnel Financial Services Disclosure Regarding Insurance Products NB5109 .	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
24. Details for 'Yes' answers for questions 17 - 23.	
Question No.	Details

INFORMATION REGARDING LAST MEDICAL CONSULTATION

25. a) Date of last visit to ANY doctor/physician	Month Day Year J A N 1 5 2 0 0 9
b) Reason for and outcome of visit (Diagnosis / Treatment / Medication Prescribed) ANNUAL CHECK-UP - NONE	
c) Physician Name, Address and Telephone Number ARTHER H. SMITH, 123 MAIN STREET , ANY TOWN, ANYSTATE 12347	
d) Provide Primary Physician name and contact information, if different from 25 c).	

ADDITIONAL INFORMATION/SPECIAL REQUESTS - Attach additional signed page if more space is required.

26.

COMPLETE THE FOLLOWING SECTIONS ONLY IF APPLICABLE TO YOUR APPLICATION**BUSINESS INSURANCE - Complete if face amount is under \$1,000,000. For face amounts \$1,000,000 and over complete the Financial Supplement for Business Insurance NB5124.**

27. a) Business Insurance Purpose <input type="checkbox"/> Key Person <input type="checkbox"/> Buy Sell <input type="checkbox"/> Business Loan <input type="checkbox"/> Other _____					
	Assets	Liabilities	Gross Sales	Net Income	Fair Market Value of the Business
Current Year	\$	\$	\$	\$	\$
Previous Year	\$	\$	\$	\$	\$
b) How was the amount applied for determined?					
c) What percentage of the business is owned by the Proposed Life Insured?					%
d) Are other partners/owners/executives insured or applying for life insurance with any company? <input type="checkbox"/> No <input type="checkbox"/> Yes - give details:					

TEMPORARY LIFE INSURANCE AGREEMENT APPLICATION ☒ Not Applicable**Complete this section only if applying for Temporary Life Insurance and the criteria is met.**Money may NOT be collected and the **Temporary Life Insurance Receipt and Agreement NB5004** may NOT be issued if:

1. questions 28 to 30 are answered **'Yes'** or left blank; or
2. the Proposed Life Insured is under age 20 or over age 70; or
3. the amount applied for is more than \$10,000,000.

28. Within the last 24 months, has the Proposed Life Insured under this application: a) consulted a medical professional for, been diagnosed with or been treated for or had treatment recommended by a member of the medical profession, for any heart problem, stroke or cancer? b) received a recommendation from a medical professional for any consultation, testing, investigation or surgery that has not yet been completed? c) been declined for life insurance?	 <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes
29. Other than planned routine check-ups, are there medical concerns or symptoms for which a medical professional has not yet been consulted?	 <input type="checkbox"/> No <input type="checkbox"/> Yes
30. Does the Proposed Life Insured reside outside the United States more than 6 months per year?	 <input type="checkbox"/> No <input type="checkbox"/> Yes

READ THE FOLLOWING CAREFULLY AND SIGN BELOW.

DECLARATIONS

The Proposed Life Insured and Owner declare that the statements and answers in this application and any form that is made part of this application are complete and true.

In addition, I understand and agree that:

1. **Policy Application:** The statements and answers in this application, which include any supplemental form relating to health, aviation practices or lifestyle of the Proposed Life Insured will become part of the insurance policy issued as a result of this application.
2. **Policy Effective Date:**
 - a) Any life insurance policy issued as a result of this application will be effective on the later of the date the first premium has been paid in full and the date the policy has been delivered to the Owner, provided that: (i) there has been no change in health or change in the lifestyle of the Proposed Life Insured, (ii) there has been no change in the financial circumstances of the Owner or the Proposed Life Insured, and (iii) nothing else has occurred that would require a change in any statement or answer in any part of the application, including any supplemental forms, in order to make the statement or answer true and complete as of the date this policy becomes effective. If there has been a change in health: (i) if there is no Temporary Life Insurance Agreement (TIA) coverage, the policy will not be put into effect, and (ii) if there is TIA coverage and the TIA has not ended, the policy will be put into effect but only to the limit of the TIA coverage amount.
 - b) If premiums are paid prior to delivery of the policy and the terms and conditions of the TIA are satisfied, insurance prior to the effective date shall be provided under the TIA and according to its terms.
3. **Employer Owned Policies:** The Proposed Life Insured confirms that they have received, prior to issue, written notice that indicates: a) the employer's intent to insure the Proposed Life Insured, (b) the maximum amount of the insurance to be issued on the life of the Proposed Life Insured and c) that the employer will be the beneficiary of the new policy. The Proposed Life Insured also confirms that they have provided written consent to being insured and that such coverage may continue after employment terminates.
4. **Fraud Warning:** Any person who knowingly and with intent to defraud any insurer: a) files an application for insurance or statement of claim containing any materially false information, or b) conceals for the purpose of misleading any insurer, information concerning any material fact thereto, may be committing a fraudulent insurance act.
5. **Temporary Insurance Coverage:** If coverage under a TIA is applied for, I have received, read and understand the terms and conditions of the **Temporary Life Insurance Receipt and Agreement NB5004.**

AUTHORIZATION TO OBTAIN INFORMATION

I, the Proposed Life Insured, authorize:

1. The Company to obtain consumer reports including but not limited to motor vehicle records and investigative consumer reports on me.
2. Any medical professional, medical care provider, hospital, clinic, laboratory, pharmacy or pharmacy benefit manager, insurance company, the MIB, Inc. or any other similar person or organization to give The Company and its reinsurers information about me. The information collected by The Company may relate to the symptoms, examination, diagnosis, treatment or prognosis of any physical or mental condition.
3. Any financial professional, CPA, attorney, personal banker or any other similar person or organization to give The Company and its reinsurers financial/net worth information about me.

I authorize The Company to disclose such information and any information developed during its evaluation of my application to: (a) its reinsurers; (b) the MIB, Inc.; (c) other insurance companies as designated by me; (d) me; (e) my insurance agent, when that agent is seeking insurance coverage through The Company on my behalf; (f) any medical professional designated by me; or (g) any person or entity entitled to receive such information by law or as I may further consent.

I acknowledge receipt of the Notice of Disclosure of Information relating to the underwriting process, investigative consumer reports and the MIB, Inc. This authorization will be valid for two years from the date shown below. A photocopy of this authorization will be as valid as the original.

Information collected under this authorization will be used by The Company to evaluate my application for insurance, to evaluate a claim for benefits, or for reinsurance or other insurance purposes.

I am entitled, or my authorized representative is entitled, to a copy of this authorization.

SIGNATURES

X

Signature of Owner (Provide title or corporate seal, if Signing Officer)

Owner - Signed at City State This Day of Year

X

Signature of Proposed Life Insured if other than Owner

AGENT SIGNATURE

I certify that all the information supplied by the Proposed Life Insured and Owner has truly and accurately been recorded on the application.

X

Signature of Agent/Registered Representative

Date

Print and use black ink. Any changes must be initialed by the Life Insured and/or Owner.
Agent Report must be completed and submitted with this application.

LIFE INSURED

1. a) Name <u>JOHN M. DOE</u>			b) Date of Birth <u>MAR 24 1965</u>		
First Middle Last			month day year		
c) Address <u>123 MAIN STREET ANYTOWN ANYSTATE 12546</u>					
Street Address			City		State Zip Code
d) Social Security Number <u>2 3 3 2 5 5 6 4 8</u>			e) Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F		f) Home Telephone No. <u>235-586-5846</u>
g) Business Telephone No. <u>235-685-7894</u>			h) E-mail Address <u>johndoc@hotmail.com</u>		
i) Owner of existing term policy, if other than Life Insured (include relationship to Life Insured)					
<u>N/A</u>					

CONVERSION INFORMATION

2. a) Original Policy No. <u>82654856</u>	
b) Type of conversion	
<input checked="" type="checkbox"/> Term Policy/Rider	
<input type="checkbox"/> Spousal Rider/Supplemental Term Policy upon Insured's death	
<input type="checkbox"/> Children's Insurance	
c) This is a	
<input checked="" type="checkbox"/> Full or Partial conversion with no balance retained	
<input type="checkbox"/> Partial conversion with unconverted amount to be retained	
Amount to be converted \$ _____	
Other	
<input type="checkbox"/> I of I - Insurance of Insurability or SPB - Supplemental Protection Benefit	
<input type="checkbox"/> GIB- Guaranteed Insurability Benefit	

BENEFICIARY INFORMATION - List additional beneficiaries in Special Requests on Page 3

3. a) Will the beneficiary(ies) on the new policy be different than the beneficiary(ies) on the existing term policy?					
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - give details below					
b) Name _____			<input type="checkbox"/> Primary _____ %		
First Middle Last			Relationship to Life Insured		Percentage
c) Name _____			<input type="checkbox"/> Primary _____ %		
First Middle Last			<input type="checkbox"/> Secondary _____ %		Relationship to Life Insured Percentage

EXISTING, REPLACEMENT AND 1035 INFORMATION

4. Other than the policy being converted, does the Owner have any existing life insurance and/or annuity policies?	
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
5. Will this insurance replace existing policies, other than the policy being converted, or are you considering using funds from existing policies to pay premiums due on the new policy or contract?	
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - complete state appropriate replacement forms.	
6. Are 1035 funds being transferred to the new policy from any of the Owner's existing life insurance and/or annuity policies?	
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - complete appropriate 1035 forms.	

COVERAGE DETAILS - Refer to your illustration for product riders and benefits selected7. **Product Name** JH UNIVERSAL LIFE8. Are you receiving or have you applied for benefits under the waiver of premium or disability benefit rider? ☒ No ☐ Yes
If 'Yes', please give details _____9. **FLEXIBLE PREMIUM PRODUCTS**☒ **Universal Life** - If applying for Indexed UL - complete Premium Allocation Instructions **NB5176**☐ **Variable Universal Life** - complete **Fund Allocation NB5136**a) Base Face Amount \$ 250,000

Level Supplemental Face Amount \$ _____

b) Death Benefit Option ☒ Option 1 (Total Face Amount) ☐ Option 2 (Total Face Amount plus Policy Value)c) Life Insurance Qualification Test ☒ Guideline Premium ☐ Cash Value Accumulation

d) Riders and Benefits (if applicable)

☒ Policy Protection Rider (PPR) ☐ PPR Flex ☐ PPR Quick ☐ PPR Enhanced ☐ PPR Cash Value Advantage

Note: For single life the PPR loan type is fixed except for PPR Cash Value Advantage. For survivorship the PPR loan type is variable.

☐ Extended No Lapse Guarantee

Select One - To transfer TDW Rider from Term policy to new policy

☐ Overloan Protection Rider☐ Disability Waiver of Monthly Deductions☐ Cash Value Enhancement☐ Disability Payment of Specified Premium☐ Accelerated Death Benefit (for terminal illness)

Monthly Specified Amount \$ _____

10. **FIXED PREMIUM PRODUCTS**☐ **Term 10** (Applicable only for Spouse Rider Supplemental Term Policy upon Primary Insured's death)

a) Face Amount \$ _____

b) Riders and Benefits

☐ Total Disability Waiver (to transfer TDW rider from Term policy to new policy)☐ Accelerated Death Benefit (for terminal illness)**PREMIUMS AND FUNDING INFORMATION**11. Frequency ☒ Annual ☐ Semi-Annual ☐ Quarterly ☐ Monthly (Pre-Authorized Payment Plan only)
☐ Direct ☐ Pre-Authorized Payment Plan - complete Request for Pre-Authorized Payment Plan **NB5087**

12. Send Premium Notices and Correspondence to: (Select One)

☐ Owner ☒ Life Insured☐ Other

First

Middle

Last

Relationship to Life Insured

Street Address

City

State

Zip Code

13. What is the source of the premiums for this permanent policy currently applied for?

Give details EARNED INCOME

14. Will the premiums be financed through a loan?

☒ No ☐ Yes - give details _____

15. Is there, or are you considering entering into, an understanding or agreement providing for any person or entity, other than the Owner and beneficiaries specified in this application, to have any right, title or other legal or beneficial interest in any policy issued on the life of the Life Insured as a result of this application?

☒ No ☐ Yes - give details _____

16. Have you been offered any money or other considerations by any person or entity in connection with this application?

☒ No ☐ Yes - give details _____

SPECIAL REQUESTS

17.

SIGNATURES

IT IS AGREED THAT BY SIGNING BELOW:

1. The Owner and Life Insured declare that the statements and answers in this application are complete and true.
2. **If converting to a variable policy:** The Owner acknowledges receipt of the current prospectuses and supplements that describe the variable life insurance policy applied for and the sub-accounts of the separate account that are available under the policy. The Owner has reviewed the prospectuses and supplements and believes that the variable life policy is consistent with the Owner's insurance needs, investment objectives and investment risk tolerance.
3. **If converting to a flexible premium policy:** The Owner understands that additional premiums may be required in addition to the Planned Premium if the current policy charges or actual interest credited/investment performance are different from the assumptions used in the illustration (assuming the requirements of any applicable guaranteed death benefit feature have not been satisfied.)
4. The new policy will take effect on the Conversion Date, which is the premium due date closer to the date we receive this signed application accompanied by the first premium payment, provided that it is received during the conversion period set forth in the term policy. The term policy terminates when the new policy takes effect as defined in the term policy.
5. The beneficiary of the new policy is the same as the beneficiary of the term policy unless, otherwise stated in this application or subsequently changed.
6. On the date that the policy takes effect, its Suicide and Incontestability periods will be deemed to have been met to the same extent that they were met under the term policy.

X

Signature of Owner (Provide title or corporate seal, if Signing Officer)

Owner - Signed at City State This Day of Year

X

Signature of Life Insured if other than Owner

The undersigned Collateral Assignee hereby releases any assignment of the terminating term policy effective on the date of its termination.

X

Signature of Collateral Assignee

As of the effective date of a new permanent policy issued pursuant to this term conversion application, the undersigned Owner and Assignor hereby assigns the new policy to the same Assignee and to the same extent as the terminating policy has been assigned.

X

Signature of Owner/Assignor

AGENT SIGNATURE

I certify that all information supplied by the Life Insured and Owner has truly and accurately been recorded on this application.

X

Signature of Agent/Registered Representative

Signed this Day of Year

FRAUD WARNING - Read the Fraud Warning for your state.

Arkansas: Any person who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Colorado: IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

District of Columbia: Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

Kentucky: Any person who knowingly and with intent to defraud any insurer or other person, files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading any insurer, information concerning any material fact thereto, may be committing a fraudulent insurance act, which is a crime.

Louisiana: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Maine, Tennessee, Virginia and Washington: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

Maryland: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit, or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Jersey: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

New Mexico: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

Ohio: Any person who knowingly and with the intent to defraud any insurer, files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading any insurer, information concerning any material fact thereto, is committing a fraudulent insurance act.

Oklahoma: FRAUD WARNING: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any material fact thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Rhode Island and West Virginia: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

For all other states: Any person who knowingly and with intent to defraud any insurer, files an application for insurance or statement of claim containing materially false information, or conceals for the purpose of misleading any insurer, information concerning any material fact thereto, may be committing a fraudulent insurance act.

SERFF Tracking Number: MANU-127852888 State: Arkansas

Filing Company: John Hancock Life Insurance Company (U.S.A.) State Tracking Number: 50359

Company Tracking Number: NB5000USR (11/2011)/NB5092USR (11/2011)/NB5037US (11/2011)

TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life Adjustable Life

Product Name: NB5000USR (11/2011)/NB5092USR (11/2011)/NB5037US (11/2011)

Project Name/Number: NB5000USR (11/2011)/NB5092USR (11/2011)/NB5037US (11/2011)/NB5000USR (11/2011)/NB5092USR (11/2011)/NB5037US (11/2011)

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification		
Comments:		
Attachment: flesch ar.pdf		

	Item Status:	Status Date:
Bypassed - Item: Application		
Bypass Reason: not applicable		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Health - Actuarial Justification		
Bypass Reason: not applicable		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Outline of Coverage		
Bypass Reason: not applicable		
Comments:		

	Item Status:	Status Date:
Satisfied - Item: Statement of Variability		
Comments:		
Attachment:		

SERFF Tracking Number: MANU-127852888 State: Arkansas
Filing Company: John Hancock Life Insurance Company (U.S.A.) State Tracking Number: 50359
Company Tracking Number: NB5000USR (11/2011)/NB5092USR (11/2011)/NB5037US (11/2011)
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
Adjustable Life
Product Name: NB5000USR (11/2011)/NB5092USR (11/2011)/NB5037US (11/2011)
Project Name/Number: NB5000USR (11/2011)/NB5092USR (11/2011)/NB5037US (11/2011)/NB5000USR (11/2011)/NB5092USR (11/2011)/NB5037US (11/2011)

AR - SOV.pdf

Item Status: Status
Date:

Satisfied - Item: Form NB5000USR (11/2011)
(marked with changes)

Comments:

Attachment:

NB5000USR_HILITED_112011.pdf

Item Status: Status
Date:

Satisfied - Item: Form NB5092USR (11/2011)
(marked with changes)

Comments:

Attachment:

NB5092USR_HILITED_112011.pdf

Item Status: Status
Date:

Satisfied - Item: Form NB5037US (11/2011)
(marked with changes)

Comments:

Attachment:

NB5037US_HILITED_112011.pdf

JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)

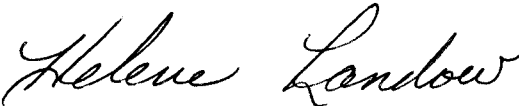
FLESCH SCORE CERTIFICATE

FOR THE STATE OF ARKANSAS

I, Helene Landow, an officer of JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.), hereby certify that these forms listed below has the following readability score as calculated by the Flesch Reading Ease Test, and that these forms meet the requirements of your readability legislation.

FORM NUMBER	READABILITY SCORE
NB5000USR (11/2011)	40
NB5092USR (11/2011)	40
NB5037US (11/2011)	40

November 29, 2011
Date



Helene Landow, FLMI, ACP
Director, Contracts and Compliance

JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)

STATEMENT OF VARIABILITY

November 29, 2011

NB5000USR (11/2011) - Application for Life Insurance
NB5092USR (11/2011) - Application for Term Life Insurance – Single Life
NB5037US (11/2011) - Term Conversion Application to a Permanent Policy

Application for Life Insurance - Form NB5000USR (11/2011)

Section/Section #	Page Number	Description
Service Office at top of page	Page 1	The address of the Company's Service Office is bracketed as it may be changed in the future. A current Service Office address will always appear on the form.
Coverage Details/ #9, Flexible Premium Products	Page 2	The Flexible Premium Products selections are bracketed to accommodate future changes. Product/Plan selection, Base Face Amount, Level Supplemental Face Amount, Death Benefit Option, Life Insurance Qualification Test, Riders and Benefits (if applicable) all vary based on issue specifications/availability at time of application. Current selections will always appear on the form.
Coverage Details/ #10, Fixed Premium Products	Page 2	The Fixed Premium Products selections are bracketed to accommodate future changes. Product/Pan selection, Face Amount, Riders and Benefits all vary based on issue specifications/availability at time of application. Current selections will always appear on the form.

APPLICATION FOR TERM LIFE INSURANCE – SINGLE LIFE

FORM NB5092USR (11/2011)

Section/Section #	Page Number	Description
Service Office at top of page	Page 1	The address of the Company's Service Office is bracketed as it may be changed in the future. A current Service Office address will always appear on the form.
Coverage Details/ # 6	Page 2	The Products selections are bracketed to accommodate future changes. Product/Pan selection, Face Amount, Riders and Benefits all vary based on issue specifications/availability at time of application. Current selections will always appear on the form.

TERM CONVERSION APPLICATION TO A PERMANENT POLICY

Policy Form NB5037US (11/2011)

Section/Section #	Page Number	Description
Service Office at top of page	Page 1	The address of the Company's Service Office is bracketed as it may be changed in the future. A current Service Office address will always appear on the form.
Coverage Details/ #9, Flexible Premium Products	Page 2	The Flexible Premium Products selections are bracketed to accommodate future changes. Product/Plan selection, Base Face Amount, Level Supplemental Face Amount, Death Benefit Option, Life Insurance Qualification Test, Riders and Benefits (if applicable) all vary based on issue specifications/availability at time of application. Current selections will always appear on the form.
Coverage Details/ #10, Fixed Premium Products	Page 2	The Fixed Premium Products selections are bracketed to accommodate future changes. Product/Plan selection, Face Amount, Riders and Benefits all vary based on issue specifications/availability at time of application. Current selections will always appear on the form.
Fraud Warning	Page 4	The state specific Fraud Warnings not applicable to your state are bracketed to accommodate changes to those states Fraud Warnings based on any state regulation changes.



LIFE INSURANCE

Service Office:
Life New Business
27 Drydock Ave
Boston MA 02210-2377

Application for Life Insurance
John Hancock Life Insurance Company (U.S.A.)
(hereinafter referred to as The Company)

Print and use black ink. Any changes must be initialed by the Proposed Life Insured(s) and Owner.
Use the Additional Information/Special Requests section for additional space or special requests if required.

PROPOSED LIFE INSURED LIFE ONE

1. a) Name First Middle Last JOHN M. DOE			b) Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F
c) Date of Birth Month Day Year O C T 0 4 1 9 6 7		d) Place of Birth State Country ANYTOWN USA	e) Social Security Number 1 2 3 4 5 6 7 8 9
f) Telephone Nos. Personal Business 905 123-4567 905 234-5678		g) E-mail Address johndoe@hotmail.com	
h) Driver's License No. State 1234567890 AS		i) Citizenship <input checked="" type="checkbox"/> US <input type="checkbox"/> Non US Country of Citizenship Type of US VISA	
j) Primary Residence Street Address City State Zip Code 1999 MARCH STREET ANYTOWN, ANYSTATE 12345			k) Total years at this address 5
l) Do you have a secondary residence? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - provide address including zip code and months per year at this address in Additional Information Q 34.		m) Occupation COMPANY PRESIDENT <input type="checkbox"/> Retired <input type="checkbox"/> Homemaker <input type="checkbox"/> Student <input type="checkbox"/> Unemployed	
n) Employer ABC COMPANY			
o) Gross Annual Income Earned Unearned \$ 300,000 \$ 100,000		p) Net Worth \$ 2.6 M <input checked="" type="checkbox"/> Personal <input type="checkbox"/> Joint with spouse Financial Supplement for Personal Insurance NB5125 may be required.	
q) Purpose of Insurance <input checked="" type="checkbox"/> Estate Conservation <input type="checkbox"/> Business Insurance - complete Business Insurance section Q 35 <input type="checkbox"/> Wealth Transfer <input type="checkbox"/> Income Replacement <input type="checkbox"/> Other - give details:			
r) In the last 5 years, has the Proposed Life Insured or any business of which he/she is a partner/owner/executive been bankrupt, had any liens, judgements or other similar financial difficulties? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - give details:			

PROPOSED LIFE INSURED LIFE TWO

2. a) Name First Middle Last			b) Sex <input type="checkbox"/> M <input type="checkbox"/> F
c) Date of Birth Month Day Year		d) Place of Birth State Country	e) Social Security Number
f) Telephone Nos. Personal Business		g) E-mail Address	
h) Driver's License No. State		i) Citizenship <input type="checkbox"/> US <input type="checkbox"/> Non US Country of Citizenship Type of US VISA	
j) Primary Residence (if different from Life One) Street Address City State Zip Code			k) Total years at this address
l) Occupation <input type="checkbox"/> Retired <input type="checkbox"/> Homemaker <input type="checkbox"/> Student <input type="checkbox"/> Unemployed		m) Employer	
n) Gross Annual Income Earned Unearned \$ \$		o) Net Worth (if different from Life One) \$ <input type="checkbox"/> Personal <input type="checkbox"/> Joint with spouse	
p) In the last 5 years, has the Proposed Life Insured or any business of which he/she is a partner/owner/executive been bankrupt, had any liens, judgements or other similar financial difficulties? <input type="checkbox"/> No <input type="checkbox"/> Yes - give details:			

3. Who is the Owner? ☒ Proposed Life Insured One ☐ Proposed Life Insured Two ☐ Business Partner
☐ Trust ☐ Trust to be Established ☐ Employer
☐ Other - give relationship to Proposed Life Insured(s)

Provide details below, if other than Proposed Life Insured(s). If Trust Owner, complete the Trust Certification PS5101. Trust Agreement may be required.

5. a) Name _____ <hr/> c) Address Street Address _____ City _____ State _____ Zip Code _____ <hr/> d) Social Security/Tax ID Number (if applicable) _____	b) Date of Birth/Trust Date Month Day Year _____ <hr/> e) E-mail Address _____ <hr/>
---	--

6. Multiple Owners - Type of Ownership ☐ Joint with right of Survivorship ☐ Tenants in common

7. a) Name	<input checked="" type="checkbox"/> Primary	Relationship to Proposed Life Insured(s)	Percentage
JAMES M. DOE		SON	100 %
b) Name	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary	Relationship to Proposed Life Insured(s)	Percentage
			%

8. PRODUCT NAME	JH UNIVERSAL LIFE
-----------------	-------------------

9. FLEXIBLE PREMIUM PRODUCTS

☒ **Universal Life** - If applying for Indexed UL - complete Premium Allocation Instructions **NB5176**

☐ **Variable Universal Life** - complete **Fund Allocation NB5136**

a) ☒ Single Life ☐ Survivorship

b) Base Face Amount \$ **250,000** Supplemental Face Amount \$ _____

☐ Level ☐ Increasing by: _____ % for _____ Years

☐ Customized Increasing Schedule - complete **Customized Schedule NB5064**

c) Death Benefit Option ☒ Option 1 (Face Amount/TFA) ☐ Option 2 (Face Amount/TFA plus Policy Value)

d) Life Insurance Qualification Test ☒ Guideline Premium ☐ Cash Value Accumulation

e) **Riders and Benefits** - Refer to instruction page for riders and benefits available per product.

☒ Policy Protection Rider (PPR) ☐ PPR Flex ☐ PPR Quick ☐ PPR Enhanced ☐ PPR Cash Value Advantage

Note: For single life the PPR loan type is fixed except for PPR Cash Value Advantage. For survivorship the PPR loan type is variable.

<input type="checkbox"/> Extended No Lapse Guarantee	<input type="checkbox"/> Long-Term Care Rider (complete NB5018)
<input type="checkbox"/> Return of Premium Rider (DB 1 only)	<input type="checkbox"/> Long-Term Care Continuation Rider
Percentage of premiums to be returned at death	<input type="checkbox"/> Disability Waiver of Monthly Deductions
(Whole numbers only. Maximum 100%) _____ %	<input type="checkbox"/> Disability Payment of Specified Premium
<input type="checkbox"/> Overloan Protection Rider	Monthly Specified Amount \$ _____
<input type="checkbox"/> Cash Value Enhancement	<input type="checkbox"/> Estate Preservation Rider (Four Year Term)
<input type="checkbox"/> Accelerated Death Benefit (for terminal illness)	<input type="checkbox"/> Policy Split Option
	<input type="checkbox"/> Other

☐ Term 10 ☐ Term 15 ☐ Term 20 ☐ Survivorship Term

a) Face Amount \$ _____

b) Riders and Benefits (if applicable)

<input type="checkbox"/> Total Disability Waiver	<input type="checkbox"/> Conversion Extension Rider (T15 & T20 only)
<input type="checkbox"/> Accelerated Death Benefit (for terminal illness)	<input type="checkbox"/> Other

11. If an additional or optional policy is being applied for by the Owner in a separate application, state plan and face amount.	
Plan Name	\$

PREMIUMS AND FUNDING INFORMATION

12. Frequency ☒ Annual ☐ Semi-Annual ☐ Quarterly ☐ Monthly (Pre-Authorized Payment Plan only)
☐ Direct ☐ Pre-Authorized Payment Plan - complete Request for Pre-Authorized Payment Plan **NB5087**

13. Send Premium Notices and Correspondence to: (Select One)

☐ Owner ☒ Proposed Life Insured One ☐ Proposed Life Insured Two

☐ Other First Middle Last Relationship to Proposed Life Insured(s)

Street Address

City

State

Zip Code

14. Premium Source

☒ Earned Income ☐ Unearned Income ☐ Loan (complete question 15)

☐ Liquidating Assets - give details:

☐ An individual and/or entity other than the Proposed Life Insured's employer - give details:

☐ Settled Contracts - give details:

☐ Other - give details:

Complete question 15, if premium source is a loan.

15. a) Who is the lender?

b) What amount and type of collateral is required to secure the loan?

Amount

Type of Collateral

\$

c) In addition to repayment of principal and interest, are there other fees, charges or other consideration to be paid?

☐ No ☐ Yes - give details:

16. Is there, or are you considering entering into, an understanding or agreement providing for any person or entity, other than the Owner and beneficiaries specified in this application, to have any right, title or other legal or beneficial interest in any policy issued on the life of the Proposed Life Insured(s) as a result of this application?

☒ No ☐ Yes - give details:

17. Have you been offered any money or other considerations by any person or entity in connection with this application?

☒ No ☐ Yes - give details:

EXISTING AND PENDING INFORMATION

If more space is required attach additional page that has been signed by the Owner and Proposed Life Insured(s).

18. Does the Owner have any existing life insurance and/or annuity policies?

☒ No ☐ Yes - complete state appropriate replacement forms.

19. Provide information for each policy in force on the Proposed Life Insured(s) with all companies, including any policy that has been sold, assigned or settled to or with a settlement or viatical company or any other person or entity.

If 'None', check this box. ☒

Proposed Life Insured	Company	Insurance		Issue Date	To Remain in Force?		1035 Exchange?		Settled or Sold		Face Amount Including Riders
		Personal	Business		Yes	No	Yes	No	Yes	Year	
<input type="checkbox"/> One <input type="checkbox"/> Two		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$
<input type="checkbox"/> One <input type="checkbox"/> Two		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$
<input type="checkbox"/> One <input type="checkbox"/> Two		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$
<input type="checkbox"/> One <input type="checkbox"/> Two		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$

EXISTING AND PENDING INFORMATION continued

20. a) If you are applying for life insurance with any other company, provide the amount of all formal applications and name of the life insurance company. **Do not include informal inquiries.**

Proposed Life Insured	Company	Face Amount Including Riders	Proposed Life Insured	Company	Face Amount Including Riders
<input type="checkbox"/> One <input type="checkbox"/> Two		\$	<input type="checkbox"/> One <input type="checkbox"/> Two		\$
<input type="checkbox"/> One <input type="checkbox"/> Two		\$	<input type="checkbox"/> One <input type="checkbox"/> Two		\$

b) Total formal coverage pending (including this application) you plan to accept.
 Life One \$ **250,000** Life Two \$

21. If applying for single life coverage, is there any inforce and applied for coverage on your spouse?
☐ Yes - Total Coverage Amount \$ ☒ No ☐ No spouse

22. Have you ever had an application for life insurance declined, postponed, rated substandard or offered with a reduced face amount?
 Life One ☒ No ☐ Yes - give details: _____
 Life Two ☐ No ☐ Yes - give details: _____

GENERAL RISK AND LIFESTYLE QUESTIONS - Provide details in Q 31 for 'Yes' answers.

	Life One	Life Two
23. Do you engage in any regular exercise? (ie walking, treadmill, swimming, aerobics, strength training, cycling, yoga) If 'Yes' , give details of type, frequency and length of time in Q 31.	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
24. Have you ever used tobacco or nicotine products in any form (including cigarettes, cigars, cigarillos, a pipe, chewing tobacco, nicotine patches or gum)? If 'Yes' , give details of type of nicotine product, amount and frequency and date last used in Q 31.	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
25. Do you expect to travel outside of the U.S. or Canada, or change your country of residence in the next 2 years? If 'Yes' give details of location (city/country), purpose, frequency and duration in Q 31.	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
26. a) Have you flown as a student pilot, licensed pilot, or crew member in any aircraft, including ultralight planes in the last 2 years? If 'Yes' , complete Aviation Questionnaire NB5009 . b) Have you engaged in any form of motor vehicle or power boat racing, sky diving/parachuting, skin or scuba diving, hang-gliding, mountain climbing, or any other hazardous activities in the last 2 years? If 'Yes' , complete appropriate Avocation Questionnaire .	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes
27. a) Have you been cited for one or more moving violations within the last 2 years? b) Have you been cited for driving while intoxicated or while otherwise impaired?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes
28. Have you ever been arrested, convicted, or imprisoned for a felony and/or currently awaiting trial for any crime and/or felony? If 'Yes' give details of type, date, city/state of felony and/or crime and if currently on probation or parole in Q 31.	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
29. Have any of your immediate family members (parents, brothers or sisters) died from coronary artery disease or cancer, prior to age 60?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
30. Are you a member of the armed forces, including the reserves? If 'Yes' , complete Military Personnel Financial Services Disclosure Regarding Insurance Products NB5109 .	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes

31. Details for **'Yes'** answers for questions 23 - 30.

Question No.	Life One	Question No.	Life Two

INFORMATION REGARDING LAST MEDICAL CONSULTATION**LIFE ONE****LIFE TWO**

32. a) Date of last visit to ANY doctor/physician <div>Month: JAN Day: 15 Year: 2009</div>	33. a) Date of last visit to ANY doctor/physician <div>Month: Day: Year:</div>
b) Reason for and outcome of visit (Diagnosis / Treatment / Medication Prescribed) ANNUAL CHECK-UP - NONE	b) Reason for and outcome of visit (Diagnosis / Treatment / Medication Prescribed)
c) Physician Name, Address and Telephone Number ARTHER H. SMITH 123 MAIN STREET ANY TOWN, ANYSTATE 12347	c) Physician Name, Address and Telephone Number
d) Provide Primary Physician name and contact information, if different from 32 c).	d) Provide Primary Physician name and contact information, if different from 33 c).

ADDITIONAL INFORMATION/SPECIAL REQUESTS - Attach additional signed page if more space is required.**34.****COMPLETE THE FOLLOWING SECTIONS ONLY IF APPLICABLE TO YOUR APPLICATION****BUSINESS INSURANCE - Complete if face amount is under \$1,000,000. For face amounts \$1,000,000 and over complete the Financial Supplement for Business Insurance NB5124.**

35. a) Business Insurance Purpose <input type="checkbox"/> Key Person <input type="checkbox"/> Buy Sell <input type="checkbox"/> Business Loan <input type="checkbox"/> Other _____					
	Assets	Liabilities	Gross Sales	Net Income	Fair Market Value of the Business
Current Year	\$	\$	\$	\$	\$
Previous Year	\$	\$	\$	\$	\$
b) How was the amount applied for determined?					
c) What percentage of the business is owned by the Proposed Life Insured(s)? %					
d) Are other partners/owners/executives insured or applying for life insurance with any company? <input type="checkbox"/> No <input type="checkbox"/> Yes - give details:					

JUVENILE INSURANCE - Complete if Proposed Life Insured is under age 18.

36. a) Are all siblings equally insured? <input type="checkbox"/> No <input type="checkbox"/> Yes If 'No', give details:	b) Amount of life insurance currently in force or pending for	
		Amount
		If none, provide reason
	Mother	\$
	Father	\$
	Guardian	\$

Complete this section only if applying for Temporary Life Insurance and the criteria is met.

Money may NOT be collected and the **Temporary Life Insurance Receipt and Agreement NB5004** may NOT be issued if:

1. questions 37 to 39 are answered 'Yes' or left blank; or
2. the Proposed Life Insured(s) is under age 20 or over age 70; or
3. the amount applied for is more than \$10,000,000 (single life) or \$15,000,000 (survivorship).

	Life One	Life Two
37. Within the last 24 months, has the Proposed Life Insured(s) under this application: a) consulted a medical professional for, been diagnosed with or been treated for or had treatment recommended by a member of the medical profession, for any heart problem, stroke or cancer? b) received a recommendation from a medical professional for any consultation, testing, investigation or surgery that has not yet been completed? c) been declined for life insurance?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes
38. Other than planned routine check-ups, are there medical concerns or symptoms for which a medical professional has not yet been consulted?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
39. Does the Proposed Life Insured(s) reside outside the United States more than 6 months per year?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes

READ THE FOLLOWING CAREFULLY**DECLARATIONS**

The Proposed Life Insured(s) and Owner (or Parent or Guardian) declare that the statements and answers in this application and any form that is made part of this application are complete and true.

In addition, I understand and agree that:

1. **Policy Application:** The statements and answers in this application, which include any supplemental form relating to health, aviation practices or lifestyle of the Proposed Life Insured(s) will become part of the insurance policy issued as a result of this application.
2. **Policy Effective Date:**
 - a) Any life insurance policy issued as a result of this application will be effective on the later of the date the first premium has been paid in full and the date the policy has been delivered to the Owner, provided that: (i) there has been no change in health or change in the lifestyle of the Proposed Life Insured(s), (ii) there has been no change in the financial circumstances of the Owner or the Proposed Life Insured(s), and (iii) nothing else has occurred that would require a change in any statement or answer in any part of the application, including any supplemental forms, in order to make the statement or answer true and complete as of the date this policy becomes effective. If there has been a change in health: (i) if there is no Temporary Life Insurance Agreement (TIA) coverage, the policy will not be put into effect, and (ii) if there is TIA coverage and the TIA has not ended, the policy will be put into effect but only to the limit of the TIA coverage amount.
 - b) If premiums are paid prior to delivery of the policy and the terms and conditions of the TIA are satisfied, insurance prior to the effective date shall be provided under the TIA and according to its terms.
3. **Employer Owned Policies:** The Proposed Life Insured(s) confirms that they have received, prior to issue, written notice that indicates: a) the employer's intent to insure the Proposed Life Insured(s), (b) the maximum amount of the insurance to be issued on the life of the Proposed Life Insured(s) and c) that the employer will be the beneficiary of the new policy. The Proposed Life Insured(s) also confirms that they have provided written consent to being insured and that such coverage may continue after employment terminates.
4. **Fraud Warning:** Any person who knowingly and with intent to defraud any insurer: a) files an application for insurance or statement of claim containing any materially false information, or b) conceals for the purpose of misleading any insurer, information concerning any material fact thereto, may be committing a fraudulent insurance act.
5. **Variable Policies:** I/We acknowledge receipt of the current prospectuses and supplements that describe the variable life insurance policy applied for and the sub-accounts of the separate account that are available under this policy. I/We have reviewed the prospectuses and supplements and believe that the variable life policy is consistent with my/our insurance needs, investment objectives and investment risk tolerance.
6. **Flexible Premium Policies:** I/We understand that I/We may need to pay additional premiums in addition to the Planned Premium if the current policy charges or actual interest rate credited/investment performance are different from the assumptions used in the illustration (assuming the requirements of any applicable guaranteed death benefit feature have not been satisfied).
7. **Temporary Insurance Coverage:** If coverage under a TIA is applied for, I have received, read and understand the terms and conditions of the **Temporary Life Insurance Receipt and Agreement NB5004**.

READ THE FOLLOWING CAREFULLY AND SIGN BELOW.

AUTHORIZATION TO OBTAIN INFORMATION

I/We, the Proposed Life Insured(s), authorize:

1. The Company to obtain consumer reports including but not limited to motor vehicle records and investigative consumer reports on me/us.
2. Any medical professional, medical care provider, hospital, clinic, laboratory, pharmacy or pharmacy benefit manager, insurance company, the MIB, Inc. or any other similar person or organization to give The Company and its reinsurers information about me/us or any minor child/children who are to be insured. The information collected by The Company may relate to the symptoms, examination, diagnosis, treatment or prognosis of any physical or mental condition.
3. Any financial professional, CPA, attorney, personal banker or any other similar person or organization to give The Company and its reinsurers financial/net worth information about me/us.

I/We authorize The Company to disclose such information and any information developed during its evaluation of my/our application to: (a) its reinsurers; (b) the MIB, Inc.; (c) other insurance companies as designated by me/us; (d) me/us; (e) my/our insurance agent, when that agent is seeking insurance coverage through The Company on my/our behalf; (f) any medical professional designated by me/us; or (g) any person or entity entitled to receive such information by law or as I/we may further consent.

I/We acknowledge receipt of the Notice of Disclosure of Information relating to the underwriting process, investigative consumer reports and the MIB, Inc. This authorization will be valid for two years from the date shown below. A photocopy of this authorization will be as valid as the original.

Information collected under this authorization will be used by The Company to evaluate my/our application for insurance, to evaluate a claim for benefits, or for reinsurance or other insurance purposes.

I am/We are entitled, or my/our authorized representative is entitled, to a copy of this authorization.

SIGNATURES - If Proposed Life Insured(s) is under age 15, Parent or Guardian must sign and include relationship.

X

Signature of Owner (Provide title or corporate seal, if Signing Officer)

Owner - Signed at

City

State

This

Day of

Year

X

Signature of Proposed Life Insured One if other than Owner (Parent or Guardian if under age 15)

X

Signature of Proposed Life Insured Two if other than Owner

AGENT SIGNATURE

I certify that all the information supplied by the Proposed Life Insured(s) and Owner has truly and accurately been recorded on the application.

X

Signature of Agent/Registered Representative

Date



LIFE INSURANCE

Service Office:
Life New Business
27 Drydock Ave
Boston MA 02210-2377

Application for Term Life Insurance - Single Life
John Hancock Life Insurance Company (U.S.A.)
(hereinafter referred to as The Company)

Print and use black ink. Any changes must be initialed by the Proposed Life Insured and Owner.
Use the Additional Information/Special Requests section for additional space or special requests if required.

PROPOSED LIFE INSURED

1. a) Name			b) Sex		
First Middle Last JOHN M. DOE			<input checked="" type="checkbox"/> M <input type="checkbox"/> F		
c) Date of Birth		d) Place of Birth		e) Social Security Number	
Month Day Year 0 4 1 9 6 7		State Country ANYTOWN USA		1 2 3 4 5 6 7 8 9	
f) Telephone		g) E-mail			
Personal Nos. 905 123-4567		Business Nos. 905 234-5678		Address johndoe@hotmail.com	
h) Driver's License No.		i) Citizenship		Country of Citizenship	
1234567890		<input checked="" type="checkbox"/> US <input type="checkbox"/> Non US		Type of US VISA	
j) Primary Residence		k) Total years at this address			
Street Address City State Zip Code 1999 MARCH STREET ANYTOWN, ANYSTATE 12345		5			
l) Do you have a secondary residence?		m) Occupation			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - provide address including zip code and months per year at this address in Additional Information Q 26.		COMPANY PRESIDENT			
		<input type="checkbox"/> Retired <input type="checkbox"/> Homemaker <input type="checkbox"/> Student <input type="checkbox"/> Unemployed			
n) Employer ABC COMPANY					
o) Gross Annual Income		p) Net Worth			
Earned Unearned \$ 300,000 \$ 100,000		<input checked="" type="checkbox"/> Personal <input type="checkbox"/> Joint with spouse Financial Supplement for Personal Insurance NB5125 may be required.			
q) Purpose of Insurance <input checked="" type="checkbox"/> Estate Conservation <input type="checkbox"/> Business Insurance - complete Business Insurance section Q 27 <input type="checkbox"/> Wealth Transfer <input type="checkbox"/> Income Replacement <input type="checkbox"/> Other - give details:					
r) In the last 5 years, has the Proposed Life Insured or any business of which he/she is a partner/owner/executive been bankrupt, had any liens, judgements or other similar financial difficulties? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - give details:					

OWNER - List additional Owners and details in Additional Information Q 26

2. Who is the Owner?	
<input checked="" type="checkbox"/> Proposed Life Insured <input type="checkbox"/> Business Partner <input type="checkbox"/> Trust <input type="checkbox"/> Trust to be Established <input type="checkbox"/> Employer <input type="checkbox"/> Other - give relationship to Proposed Life Insured	
Provide details below, if other than Proposed Life Insured. If Trust Owner, complete the Trust Certification PS5101. Trust Agreement may be required.	
3. a) Name	
b) Date of Birth/Trust Date	
Month Day Year	
c) Address	
Street Address City State Zip Code	
d) Social Security/Tax ID Number (if applicable)	
e) E-mail Address	
4. Multiple Owners - Type of Ownership <input type="checkbox"/> Joint with right of Survivorship <input type="checkbox"/> Tenants in common	

BENEFICIARY INFORMATION - Subject to change by Owner. (List additional beneficiaries in Additional Information Q 26)

5. a) Name		<input checked="" type="checkbox"/> Primary		Relationship to Proposed Life Insured		Percentage	
JAMES M. DOE				SON		100%	
b) Name		<input type="checkbox"/> Primary		Relationship to Proposed Life Insured		Percentage	
		<input type="checkbox"/> Secondary				%	

COVERAGE DETAILS

6. ☒ **Term 10** ☐ **Term 15** ☐ **Term 20** ☐ **Other**

a) Face Amount \$ **250,000**

b) Riders and Benefits (if applicable)

☐ Total Disability Waiver

☐ Conversion Extension Rider (T15 & T20 only)

☐ Accelerated Death Benefit (for terminal illness)

☐ Other

7. If an additional or optional policy is being applied for by the Owner in a separate application, state plan and face amount.

Plan Name

\$

PREMIUMS AND FUNDING INFORMATION

8. Frequency ☒ **Annual** ☐ **Semi-Annual** ☐ **Quarterly** ☐ **Monthly (Pre-Authorized Payment Plan only)**

☐ **Direct** ☐ **Pre-Authorized Payment Plan - complete Request for Pre-Authorized Payment Plan NB5087**

9. Send Premium Notices and Correspondence to: (Select One)

☐ Owner ☒ **Proposed Life Insured**

☐ Other

First

Middle

Last

Relationship to Proposed Life Insured

Street Address

City

State

Zip Code

10. Premium Source

☒ **Earned Income** ☐ **Unearned Income** ☐ **Loan (complete question 11)**

☐ Liquidating Assets - give details:

☐ An individual and/or entity other than the Proposed Life Insured's employer - give details:

☐ Settled Contracts - give details:

☐ Other - give details:

Complete question 11, if premium source is a loan.

11. a) Who is the lender?

b) What amount and type of collateral is required to secure the loan?

Amount

Type of Collateral

\$

c) In addition to repayment of principal and interest, are there other fees, charges or other consideration to be paid?

☐ No ☐ Yes - give details:

EXISTING AND PENDING INFORMATION

If more space is required attach additional page that has been signed by the Owner and Proposed Life Insured.

12. Does the Owner have any existing life insurance and/or annuity policies?

☒ **No** ☐ **Yes - complete state appropriate replacement forms.**

13. Provide information for each policy in force on the Proposed Life Insured with all companies, including any policy that has been sold, assigned or settled to or with a settlement or viatical company or any other person or entity. If **'None'**, check this box. ☒

Company	Insurance		Issue Date	To Remain in Force?		1035 Exchange?		Settled or Sold		Face Amount Including Riders
	Personal	Business		Yes	No	Yes	No	Yes	Year	
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$

14. a) If you are applying for life insurance with any other company, provide the amount of all formal applications and name of the life insurance company. **Do not include informal inquiries.**

Company	Face Amount Including Riders	Company	Face Amount Including Riders
	\$		\$

b) Total formal coverage pending (including this application) you plan to accept. \$ **250,000**

15. Is there any inforce and applied for coverage on your spouse?

☐ Yes - Total Coverage Amount \$

☒ **No**

☐ No spouse

16. Have you ever had an application for life insurance declined, postponed, rated substandard or offered with a reduced face amount?

☐ No ☐ Yes - give details:

GENERAL RISK AND LIFESTYLE QUESTIONS - Provide details in Q 24 for 'Yes' answers.

17. Have you ever used tobacco or nicotine products in any form (including cigarettes, cigars, cigarillos, a pipe, chewing tobacco, nicotine patches or gum)? If 'Yes', give details of type of nicotine product, amount and frequency and date last used in Q 24.	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
18. Do you expect to travel outside of the U.S. or Canada, or change your country of residence in the next 2 years? If 'Yes' give details of location (city/country), purpose, frequency and duration in Q 24.	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
19. a) Have you flown as a student pilot, licensed pilot, or crew member in any aircraft, including ultralight planes in the last 2 years? If 'Yes', complete Aviation Questionnaire NB5009 . b) Have you engaged in any form of motor vehicle or power boat racing, sky diving/parachuting, skin or scuba diving, hang-gliding, mountain climbing, or any other hazardous activities in the last 2 years? If 'Yes', complete appropriate Avocation Questionnaire .	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
20. a) Have you been cited for one or more moving violations within the last 2 years? b) Have you been cited for driving while intoxicated or while otherwise impaired?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
21. Have you ever been arrested, convicted, or imprisoned for a felony and/or currently awaiting trial for any crime and/or felony? If 'Yes' give details of type, date, city/state of felony and/or crime and if currently on probation or parole in Q 24.	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
22. Have any of your immediate family members (parents, brothers or sisters) died from coronary artery disease or cancer, prior to age 60?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
23. Are you a member of the armed forces, including the reserves? If 'Yes', complete Military Personnel Financial Services Disclosure Regarding Insurance Products NB5109 .	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
24. Details for 'Yes' answers for questions 17 - 23.	
Question No.	Details

INFORMATION REGARDING LAST MEDICAL CONSULTATION

25. a) Date of last visit to ANY doctor/physician	Month Day Year J A N 1 5 2 0 0 9
b) Reason for and outcome of visit (Diagnosis / Treatment / Medication Prescribed) ANNUAL CHECK-UP - NONE	
c) Physician Name, Address and Telephone Number ARTHER H. SMITH, 123 MAIN STREET , ANY TOWN, ANYSTATE 12347	
d) Provide Primary Physician name and contact information, if different from 25 c).	

ADDITIONAL INFORMATION/SPECIAL REQUESTS - Attach additional signed page if more space is required.

26.

COMPLETE THE FOLLOWING SECTIONS ONLY IF APPLICABLE TO YOUR APPLICATION**BUSINESS INSURANCE - Complete if face amount is under \$1,000,000. For face amounts \$1,000,000 and over complete the Financial Supplement for Business Insurance NB5124.**

27. a) Business Insurance Purpose <input type="checkbox"/> Key Person <input type="checkbox"/> Buy Sell <input type="checkbox"/> Business Loan <input type="checkbox"/> Other _____					
	Assets	Liabilities	Gross Sales	Net Income	Fair Market Value of the Business
Current Year	\$	\$	\$	\$	\$
Previous Year	\$	\$	\$	\$	\$
b) How was the amount applied for determined?					
c) What percentage of the business is owned by the Proposed Life Insured?					%
d) Are other partners/owners/executives insured or applying for life insurance with any company? <input type="checkbox"/> No <input type="checkbox"/> Yes - give details:					

TEMPORARY LIFE INSURANCE AGREEMENT APPLICATION ☒ Not Applicable**Complete this section only if applying for Temporary Life Insurance and the criteria is met.**Money may NOT be collected and the **Temporary Life Insurance Receipt and Agreement NB5004** may NOT be issued if:

1. questions 28 to 30 are answered 'Yes' or left blank; or
2. the Proposed Life Insured is under age 20 or over age 70; or
3. the amount applied for is more than \$10,000,000.

28. Within the last 24 months, has the Proposed Life Insured under this application: a) consulted a medical professional for, been diagnosed with or been treated for or had treatment recommended by a member of the medical profession, for any heart problem, stroke or cancer? b) received a recommendation from a medical professional for any consultation, testing, investigation or surgery that has not yet been completed? c) been declined for life insurance?	 <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes
29. Other than planned routine check-ups, are there medical concerns or symptoms for which a medical professional has not yet been consulted?	 <input type="checkbox"/> No <input type="checkbox"/> Yes
30. Does the Proposed Life Insured reside outside the United States more than 6 months per year?	 <input type="checkbox"/> No <input type="checkbox"/> Yes

READ THE FOLLOWING CAREFULLY AND SIGN BELOW.

DECLARATIONS

The Proposed Life Insured and Owner declare that the statements and answers in this application and any form that is made part of this application are complete and true.

In addition, I understand and agree that:

1. **Policy Application:** The statements and answers in this application, which include any supplemental form relating to health, aviation practices or lifestyle of the Proposed Life Insured will become part of the insurance policy issued as a result of this application.
2. **Policy Effective Date:**
 - a) Any life insurance policy issued as a result of this application will be effective on the later of the date the first premium has been paid in full and the date the policy has been delivered to the Owner, provided that: (i) there has been no change in health or change in the lifestyle of the Proposed Life Insured, (ii) there has been no change in the financial circumstances of the Owner or the Proposed Life Insured, and (iii) nothing else has occurred that would require a change in any statement or answer in any part of the application, including any supplemental forms, in order to make the statement or answer true and complete as of the date this policy becomes effective. If there has been a change in health: (i) if there is no Temporary Life Insurance Agreement (TIA) coverage, the policy will not be put into effect, and (ii) if there is TIA coverage and the TIA has not ended, the policy will be put into effect but only to the limit of the TIA coverage amount.
 - b) If premiums are paid prior to delivery of the policy and the terms and conditions of the TIA are satisfied, insurance prior to the effective date shall be provided under the TIA and according to its terms.
3. **Employer Owned Policies:** The Proposed Life Insured confirms that they have received, prior to issue, written notice that indicates: a) the employer's intent to insure the Proposed Life Insured, (b) the maximum amount of the insurance to be issued on the life of the Proposed Life Insured and c) that the employer will be the beneficiary of the new policy. The Proposed Life Insured also confirms that they have provided written consent to being insured and that such coverage may continue after employment terminates.
4. **Fraud Warning:** Any person who knowingly and with intent to defraud any insurer: a) files an application for insurance or statement of claim containing any materially false information, or b) conceals for the purpose of misleading any insurer, information concerning any material fact thereto, may be committing a fraudulent insurance act.
5. **Temporary Insurance Coverage:** If coverage under a TIA is applied for, I have received, read and understand the terms and conditions of the **Temporary Life Insurance Receipt and Agreement NB5004.**

AUTHORIZATION TO OBTAIN INFORMATION

I, the Proposed Life Insured, authorize:

1. The Company to obtain consumer reports including but not limited to motor vehicle records and investigative consumer reports on me.
2. Any medical professional, medical care provider, hospital, clinic, laboratory, pharmacy or pharmacy benefit manager, insurance company, the MIB, Inc. or any other similar person or organization to give The Company and its reinsurers information about me. The information collected by The Company may relate to the symptoms, examination, diagnosis, treatment or prognosis of any physical or mental condition.
3. Any financial professional, CPA, attorney, personal banker or any other similar person or organization to give The Company and its reinsurers financial/net worth information about me.

I authorize The Company to disclose such information and any information developed during its evaluation of my application to: (a) its reinsurers; (b) the MIB, Inc.; (c) other insurance companies as designated by me; (d) me; (e) my insurance agent, when that agent is seeking insurance coverage through The Company on my behalf; (f) any medical professional designated by me; or (g) any person or entity entitled to receive such information by law or as I may further consent.

I acknowledge receipt of the Notice of Disclosure of Information relating to the underwriting process, investigative consumer reports and the MIB, Inc. This authorization will be valid for two years from the date shown below. A photocopy of this authorization will be as valid as the original.

Information collected under this authorization will be used by The Company to evaluate my application for insurance, to evaluate a claim for benefits, or for reinsurance or other insurance purposes.

I am entitled, or my authorized representative is entitled, to a copy of this authorization.

SIGNATURES

X

Signature of Owner (Provide title or corporate seal, if Signing Officer)

Owner - Signed at City State This Day of Year

X

Signature of Proposed Life Insured if other than Owner

AGENT SIGNATURE

I certify that all the information supplied by the Proposed Life Insured and Owner has truly and accurately been recorded on the application.

X

Signature of Agent/Registered Representative

Date

Print and use black ink. Any changes must be initialed by the Life Insured and/or Owner.
Agent Report must be completed and submitted with this application.

LIFE INSURED

1. a) Name <u>JOHN M. DOE</u>			b) Date of Birth <u>MAR 24 1965</u>		
First Middle Last			month day year		
c) Address <u>123 MAIN STREET ANYTOWN ANYSTATE 12546</u>					
Street Address			City		State Zip Code
d) Social Security Number <u>2 3 3 2 5 5 6 4 8</u>			e) Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F		f) Home Telephone No. <u>235-586-5846</u>
g) Business Telephone No. <u>235-685-7894</u>			h) E-mail Address <u>johndoc@hotmail.com</u>		
i) Owner of existing term policy, if other than Life Insured (include relationship to Life Insured)					
<u>N/A</u>					

CONVERSION INFORMATION

2. a) Original Policy No. <u>82654856</u>	
b) Type of conversion	
<input checked="" type="checkbox"/> Term Policy/Rider	
<input type="checkbox"/> Spousal Rider/Supplemental Term Policy upon Insured's death	
<input type="checkbox"/> Children's Insurance	
c) This is a	
<input checked="" type="checkbox"/> Full or Partial conversion with no balance retained	
<input type="checkbox"/> Partial conversion with unconverted amount to be retained	
Amount to be converted \$ _____	
Other	
<input type="checkbox"/> I of I - Insurance of Insurability or SPB - Supplemental Protection Benefit	
<input type="checkbox"/> GIB- Guaranteed Insurability Benefit	

BENEFICIARY INFORMATION - List additional beneficiaries in Special Requests on Page 3

3. a) Will the beneficiary(ies) on the new policy be different than the beneficiary(ies) on the existing term policy?	
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - give details below	
b) Name _____	
First Middle Last	<input type="checkbox"/> Primary _____ %
	Relationship to Life Insured Percentage
c) Name _____	
First Middle Last	<input type="checkbox"/> Primary _____ %
	<input type="checkbox"/> Secondary _____ %
	Relationship to Life Insured Percentage

EXISTING, REPLACEMENT AND 1035 INFORMATION

4. Other than the policy being converted, does the Owner have any existing life insurance and/or annuity policies?	
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
5. Will this insurance replace existing policies, other than the policy being converted, or are you considering using funds from existing policies to pay premiums due on the new policy or contract?	
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - complete state appropriate replacement forms.	
6. Are 1035 funds being transferred to the new policy from any of the Owner's existing life insurance and/or annuity policies?	
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - complete appropriate 1035 forms.	

COVERAGE DETAILS - Refer to your illustration for product riders and benefits selected7. **Product Name** JH UNIVERSAL LIFE8. Are you receiving or have you applied for benefits under the waiver of premium or disability benefit rider? ☒ No ☐ Yes
If 'Yes', please give details _____9. **FLEXIBLE PREMIUM PRODUCTS**☒ **Universal Life** - If applying for Indexed UL - complete Premium Allocation Instructions **NB5176**☐ **Variable Universal Life** - complete **Fund Allocation NB5136**a) Base Face Amount \$ 250,000

Level Supplemental Face Amount \$ _____

b) Death Benefit Option ☒ Option 1 (Total Face Amount) ☐ Option 2 (Total Face Amount plus Policy Value)c) Life Insurance Qualification Test ☒ Guideline Premium ☐ Cash Value Accumulation

d) Riders and Benefits (if applicable)

☒ Policy Protection Rider (PPR) ☐ PPR Flex ☐ PPR Quick ☐ PPR Enhanced ☐ PPR Cash Value Advantage

Note: For single life the PPR loan type is fixed except for PPR Cash Value Advantage. For survivorship the PPR loan type is variable.

☐ Extended No Lapse Guarantee

Select One - To transfer TDW Rider from Term policy to new policy

☐ Overloan Protection Rider☐ Disability Waiver of Monthly Deductions☐ Cash Value Enhancement☐ Disability Payment of Specified Premium☐ Accelerated Death Benefit (for terminal illness)

Monthly Specified Amount \$ _____

10. **FIXED PREMIUM PRODUCTS**☐ **Term 10** (Applicable only for Spouse Rider Supplemental Term Policy upon Primary Insured's death)

a) Face Amount \$ _____

b) Riders and Benefits

☐ Total Disability Waiver (to transfer TDW rider from Term policy to new policy)☐ Accelerated Death Benefit (for terminal illness)**PREMIUMS AND FUNDING INFORMATION**11. Frequency ☒ Annual ☐ Semi-Annual ☐ Quarterly ☐ Monthly (Pre-Authorized Payment Plan only)☐ Direct ☐ Pre-Authorized Payment Plan - complete Request for Pre-Authorized Payment Plan **NB5087**

12. Send Premium Notices and Correspondence to: (Select One)

☐ Owner ☒ Life Insured☐ Other _____

First

Middle

Last

Relationship to Life Insured

Street Address

City

State

Zip Code

13. What is the source of the premiums for this permanent policy currently applied for?

Give details EARNED INCOME

14. Will the premiums be financed through a loan?

☒ No ☐ Yes - give details _____

15. Is there, or are you considering entering into, an understanding or agreement providing for any person or entity, other than the Owner and beneficiaries specified in this application, to have any right, title or other legal or beneficial interest in any policy issued on the life of the Life Insured as a result of this application?

☒ No ☐ Yes - give details _____

16. Have you been offered any money or other considerations by any person or entity in connection with this application?

☒ No ☐ Yes - give details _____

SPECIAL REQUESTS

17.

SIGNATURES

IT IS AGREED THAT BY SIGNING BELOW:

1. The Owner and Life Insured declare that the statements and answers in this application are complete and true.
2. **If converting to a variable policy:** The Owner acknowledges receipt of the current prospectuses and supplements that describe the variable life insurance policy applied for and the sub-accounts of the separate account that are available under the policy. The Owner has reviewed the prospectuses and supplements and believes that the variable life policy is consistent with the Owner's insurance needs, investment objectives and investment risk tolerance.
3. **If converting to a flexible premium policy:** The Owner understands that additional premiums may be required in addition to the Planned Premium if the current policy charges or actual interest credited/investment performance are different from the assumptions used in the illustration (assuming the requirements of any applicable guaranteed death benefit feature have not been satisfied.)
4. The new policy will take effect on the Conversion Date, which is the premium due date closer to the date we receive this signed application accompanied by the first premium payment, provided that it is received during the conversion period set forth in the term policy. The term policy terminates when the new policy takes effect as defined in the term policy.
5. The beneficiary of the new policy is the same as the beneficiary of the term policy unless, otherwise stated in this application or subsequently changed.
6. On the date that the policy takes effect, its Suicide and Incontestability periods will be deemed to have been met to the same extent that they were met under the term policy.

X

Signature of Owner (Provide title or corporate seal, if Signing Officer)

Owner - Signed at City State This Day of Year

X

Signature of Life Insured if other than Owner

The undersigned Collateral Assignee hereby releases any assignment of the terminating term policy effective on the date of its termination.

X

Signature of Collateral Assignee

As of the effective date of a new permanent policy issued pursuant to this term conversion application, the undersigned Owner and Assignor hereby assigns the new policy to the same Assignee and to the same extent as the terminating policy has been assigned.

X

Signature of Owner/Assignor

AGENT SIGNATURE

I certify that all information supplied by the Life Insured and Owner has truly and accurately been recorded on this application.

X

Signature of Agent/Registered Representative

Signed this Day of Year

FRAUD WARNING - Read the Fraud Warning for your state.

Arkansas: Any person who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Colorado: IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

District of Columbia: Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

Kentucky: Any person who knowingly and with intent to defraud any insurer or other person, files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading any insurer, information concerning any material fact thereto, may be committing a fraudulent insurance act, which is a crime.

Louisiana: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Maine, Tennessee, Virginia and Washington: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

Maryland: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit, or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Jersey: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

New Mexico: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

Ohio: Any person who knowingly and with the intent to defraud any insurer, files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading any insurer, information concerning any material fact thereto, is committing a fraudulent insurance act.

Oklahoma: FRAUD WARNING: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any material fact thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Rhode Island and West Virginia: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

For all other states: Any person who knowingly and with intent to defraud any insurer, files an application for insurance or statement of claim containing materially false information, or conceals for the purpose of misleading any insurer, information concerning any material fact thereto, may be committing a fraudulent insurance act.